THE INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XVII OCTOBER 1936 PART 4

ORIGINAL PAPERS

ON THE GENESIS OF PSYCHICAL CONFLICT IN EARLIEST INFANCY

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My object in this paper is to attempt a short general formulation of the earliest psychical developmental processes in the child, that is, of the problems of oral sadistic impulses and their attendant anxieties, and the fundamental defence-mechanisms against them employed by the ego at this stage of development, with special reference to the defensive functions of projection and introjection.[1]

It would appear that fuller understanding and knowledge of the operation of these factors in the first year or two of life throws considerable light on the whole of early development, and thus clarifies some of the obscurity hitherto existing in regard to ego-development and the genetic origin of the super-ego, together with the relation of these to infantile sexuality and libido-development. Any claim that psycho-analysis may make to understand the ego-structure of adults and older children necessarily implies the possibility of tracing its development genetically back to its earliest roots. An understanding of the anxieties and defences which arise in the ego as a result of the child's earliest object-relations must therefore be of special importance for the whole of psycho-analytic work. This orientation of recent work in no way

[1] This paper was read before the Vienna Psycho-Analytical Society, May 5, 1936, and is one of the Exchange Lectures now being arranged by the British and Vienna Societies. The topics of oral sadism, projection and introjection, which I have dealt with particularly, were especially raised by R. Wälder in his previous paper before the British Psycho-Analytical Society in November, 1935.

signifies any underestimation of the importance of libido-development or of libidinal processes as such ; on the contrary, the significance of the interaction and connections between ego and libido development only brings out in an even stronger light the crucial importance of infantile libidinal urges in the whole of psychical development.

The pioneer work of Melanie Klein has led in particular to a close study of these problems in the British Psycho-Analytical Society and in my view has directly or indirectly influenced most of the work of its members in recent years. I must, however, make it clear that I alone am responsible for the general formulation put forward here. Besides attempting to present as a whole many of the principal theoretical contributions made by our members, my paper is also a personal attempt to co-ordinate newly-recognized data into a useful theoretical hypothesis.[2] I must disclaim any intention to prove the views I put forward nor do I personally regard them all as fully established. I can claim that my hypotheses make use of all Freud's findings and do not controvert any of the principles he has laid down ; but they extend the application of these principles in some directions where he himself has so far preferred not to pursue them. In *Hemmung, Symptom und Angst*, in considering the relations between instinct and anxiety, Freud has throughout dealt solely with the demands of Eros, but has not discussed those of the other great primary instinct (the death instinct) and their relations to anxiety. The anxiety-situations which arise from the interplay of aggression and libido form the starting-point of much of the work of English analysts.

We know that no psycho-analytic facts and laws can be proved in any written form. My own work is with adults and I can say it offers strong evidence of the correctness of these assumptions about early stages of development. To us it seems in accordance with all the material to assume that oral and cannibalistic impulses having reference to unmistakable Œdipus situations are formed during the actual exercise of the oral function as an object-relation. The specific content of the

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[2] Owing to the comprehensive and cumulative character of the material upon which the views I express here are based, and the avoidance of detail necessary in such a broad presentation, I have found it impossible, with a few exceptions, to make any specific references to the published work of others. To anyone familiar with the literature forming the Bibliography which concludes my paper my indebtedness to these writers will be very evident, and I wish to express to them my obligation and gratitude for the insight and understanding I have derived from their work.

analytic material of this kind now available and its wealth have enabled us to form at least experimental hypotheses of what occurs in the earliest months and years, and of how it may be reconciled with what we know of the mental development of this period. Even the most important part of the Œdipus complex, the gross sexual and aggressive impulses and phantasies, would hardly be regarded as proved or its existence definitely established by extra-analytical observation alone. And it certainly does not follow that because a baby cannot express feelings in any way we understand that it has none ; indeed, that circumstance may be one of the major causes of its special sensitivity to these earliest experiences and their especially significant after-effects. Conclusions about impulses and conflicts arising at a date at which the child has almost no means of *direct* expression must be based on the evidence of repetition in analysis—it is the only source of knowledge of the unconscious mental content existing before consciousness and memory develops fully. I am not expecting therefore immediately to convince you of the validity of our views and our findings, for nothing but analytic experience on the same lines would do so.

The baby's mental life in its first weeks is narcissistic in character and ruled by the pleasure-pain principle, while the ego is primarily a body-ego. This is the stage of primary identification ; the dawning psyche is unaware of an external world. Painful stimuli, whether from within or without, impinge upon this pleasure-ego and rouse unpleasure, e.g. hunger or bodily pain caused by colic or wind internally, and loud noises or loss of support externally. Imprints of painful experience are formed in the psyche from the experience of birth onward alongside the more continuous experience of satisfaction, and possibly contentment, which is apprehended narcissistically. Freud has described in various works (notably in ' Instincts and their Vicissitudes ') how the primitive ego responds to pleasure and unpleasure. It tries to preserve its pleasure-ego intact by identifying itself with all pleasurable stimuli and dissociating itself from all painful ones. The omnipotence of the psyche in its own domain, the subjective world, enables it to do this.

Freud has given us this broad outline of the origins of mental functioning. But the evolution of the psyche from this stage until the genital libido-organization, the decline of the Œdipus complex and the full development of the super-ego, has not been traced in any detail, and it cannot be said that a satisfying *genetic continuity* between these first and last states is available in psycho-analytic theory.

The work of Melanie Klein and others following her has shown us that the mental processes of projection and introjection are of much greater significance and have a much wider bearing in every stage of psychical development than was appreciated.[3] We surmise that Freud's primitive narcissistic stage just described forms the psychic foundation on which these processes develop. Freud himself has connected the abolition of painful stimuli with the process of projection. As soon as pleasurable ' good ' states are differentiated from painful ' bad ' ones, the good conditions and sensations are referred psychically to the ego and the bad are rejected and expelled. I conclude that this early psychical process is modelled on the pattern of the main physiological functions which preserve life, in fact, on metabolism itself. Freud has connected the narcissistic stage with the function of sleep ; I would suggest that psychical introjection is modelled on the function of taking in ' good ' nourishment, while projection follows the physiological model of expelling waste products by excretion. One must keep in mind that this narcissistic world of the psyche is one of ' hallucination ', based on sensations and ruled by *feelings* (under the

[3] For the purpose of this present outline I am mainly concerned to discuss the functions of projection and introjection as defence-mechanisms against instinct and anxiety. As will be seen, however, the exercise of these processes as defences against early object-relations rouses in turn new anxiety-situations, which I go on to consider. Obviously these psychical processes (like all others, in my view) serve a ' multiple function ' (Wälder) and, besides operating as defences, promote the gratification of instinct, as well as the growth and development of the individual in general.—Although I am here singling out these two early defence-mechanisms for discussion, I in no way intend to underestimate the importance of the numerous others also at work more or less from the beginning, such as above all denial and scotomization, which connect directly with the hallucinatory narcissistic state, and soon also repression proper. Further, I would mention here displacement ; turning away from the object ; turning towards new objects (as a defence against anxiety relating to a former one) ; denying and stifling love and intensifying hate of objects in order to diminish (dangerous) desires for them ; the striving for control of the object ; and so on. Most of these measures, some of which are hardly as yet classified as defence-mechanisms, are referred to in my paper.—The view that most defence-mechanisms, including repression, are already at work in the first months of life has been frequently stressed by Dr. Melitta Schmideberg, especially in verbal communications to the British Psycho-Analytical Society.

sway of the pleasure-pain principle), entirely autistic, not only lacking in objectivity, but at first without objects; from this omnipotent standpoint, too, all *responsibility* rests on the self and all *causal relations* proceed from within the self.

I said this world was without objectivity; but from the very beginning there exists a core and a foundation in *experience* for objectivity.[4] This foundation can only consist in bodily sensation; an experience of bodily pleasure or pain, even a neutral perception, if intense enough, is presumably registered as such and must infallibly have a reality that nothing can alter or destroy. (Such infallibly and objectively true experiences would form the foundation of the later psychical institution of reality-testing.) I wish especially to point out therefore that from the very beginning of life, on Freud's own hypothesis, the psyche responds to the reality of its experiences by interpreting them—or rather, *mis*interpreting them—in a subjective manner that increases its pleasure and preserves it from pain. This act of a *subjective interpretation of experience*, which it carries out by means of the processes of introjection and projection, is called by Freud hallucination; and it forms the foundation of what we mean by phantasy-life. The phantasy-life of the individual is thus the form in which his real internal and external sensations and perceptions are interpreted and represented to himself in his mind under the influence of the pleasure-pain principle. (It seems to me that one has only to consider for a moment to see that, in spite of all the advances man has made in adaptation of a kind to external reality, this primitive and elementary function of his psyche—to misinterpret his perceptions for his own satisfaction—still retains the upper hand in the minds of the great majority even of civilized adults.) To begin with, however, reality is entirely misinterpreted; the perceptions are recognized but they are interpreted falsely.[5] I would draw your attention to the conclusion that phantasy-life is never ' pure phantasy '. It consists of true perceptions and of false interpretations; all phantasies are thus *mixtures* of external and internal reality.

As the child's organs of perception develop, it gradually becomes aware of the external world around it and it begins to *localize stimuli*.

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[4] Dr. Glover has emphasized that even babies have a sense of reality of a kind.

[5] ' When a perception is reproduced as an ideational concept the reproduction is often not an exact replica of it; it may be modified by omissions, etc.'. (Freud, ' Negation '.)

(Along with this, the ego proper begins to develop from the body-ego and topographical differentiations in the mental apparatus begin to form.) But the child's psychical response to the external stimuli remains for a time as before; pleasurable external perceptions it misinterprets as part of itself, and whatever it dislikes it rejects and annihilates. And this I would say, may well be the foundation of the psychical process of *displacement*. For the child's physical sensory apparatus may localize objects correctly, but the psychical apparatus then displaces them in an arbitrary fashion. The displacement of objects stimulating desire or hate, and the allocation of them respectively to the ' me ' or ' not-me ', would be a corollary to the displacement of affects familiar to us. The first external objects are the breasts and we presume them to be the first things apprehended as external to the ' me ', though simultaneously with this recognition they are yet psychically arrogated to the ' me '. I would suggest here that the oral incorporation of milk, and the temporary incorporation of the nipple, are not merely the physical prototypes of introjection, but that the *affective overestimation of this incorporation* has the effect of stimulating and intensifying both the psychical process of absorbing impressions into the self (introjection) and the activity of phantasy-life concerned with the incorporation of objects. And this to my mind points to the explanation of the close connection we invariably find between oral libido and introjection. The nipple with its flow of milk, which satisfies both an external and an internal seat of desire (mouth and stomach) at once, we constantly find as the earliest prototype of every later desired satisfaction, no matter how different in character, in both sexes. Thus all later sources of gratification too would on this same pattern again in phantasy be displaced and internalized into the ' me '—a process that corresponds to ' introjection '.

But we must consider the case of unpleasure severe enough to prevail and defeat narcissistic omnipotence. I will take the case in which pleasure is at a minimum. There is the problem of the baby who will not suck; or there is the extreme instance of the ill baby, perhaps starved or neglected. The condition of such a child is usually one of pining, of depression; it clearly enjoys no satisfaction; moreover, as we say, ' it has no life in it '. It is evidently much nearer to death than a lusty baby that screams. Now my suggestion is that such a child's ego is experiencing the reality of its condition, of its nearness to death and of its danger from the forces of the death-instinct operating within it, and that it feels its helplessness against them. Its body

has not sufficient life (Eros) to make possible a fusion strong enough to discharge the death instinct outwards in an aggressive act of screaming and by so doing to appeal for help. I suggest that such helplessness against destructive forces within constitutes the greatest psychical danger-situation known to the human organism ; and that this helplessness is the deepest source of anxiety in human beings. This would correspond to the ' traumatic situation ' (Freud) and the ' pre-ideational primal anxiety ' (Jones).[6] Freud writes (in *Hemmung, Symptom und Angst*, S. 82) that what the infant experiences as a danger is a ' situation of accumulating tension against which it is helpless '. He connects this danger with later castration-anxiety ; and of this he also says ' the ultimate form of this anxiety (and of that relating to the super-ego) appears to me to be the fear of death (anxiety in reference to life) '. In the infant, however, Freud denies an anxiety of death, even at birth. He says ' We certainly cannot presuppose anything approaching a kind of knowledge in the newborn child of the possibility of its life being extinguished '. I am not suggesting that there is any such ' kind of knowledge ' in the child ; but I think there is reason to suppose that a child experiences *feelings* of the kind, just as any adult can *feel* ' like death ', and in a state of great anxiety often does. I admit that my hypothesis is by no means established, but some of us find it in no way incompatible with Freud's other findings, while it proves of the greatest value in elucidating many problems in our practice.

I will take another typical response to an experience of severe unpleasure—this time an acute one, not a constant sub-acute deprivation. The baby's typical response, say to acute hunger, is a reaction in which the whole body is involved : screaming, twitching, twisting, kicking, convulsive breathing, evacuations—all evident signs of overwhelming anxiety. Analytic evidence shews without any doubt that this reaction to the accumulated tension represents and is felt to be an *aggressive* discharge, as we should in any case imagine. If this reaction brings the required satisfaction, narcissistic phantasy can resume its sway. But if the desired breast is not forthcoming and the baby's aggression develops to the limit of its bodily capacities, this discharge, which automatically follows upon a painful sensation, itself

[6] We have reason to think, since Melanie Klein's latest work on depressive states, that all neuroses are different varieties of defence against this fundamental anxiety, each embodying mechanisms which become successively available to the organism as its development proceeds.

produces unpleasure in the highest degree. The child is overwhelmed by choking and suffocating ; its eyes are blinded with tears, its ears deafened, its throat sore ; its bowels gripe, its evacuations burn it. The aggressive anxiety-reaction is far too strong a weapon in the hands of such a weak ego ; it has become uncontrollable and is threatening to destroy its owner. Such a bodily experience is a *real* one and leaves its imprint on the ego, as much analytic material shews. It cannot in fact be undone and obliterated ; though the psyche pursues its narcissistic method of instantly projecting all such sensations outside the ' me '.

Moreover, this furious discharge of aggression in the end reduces the child for the time being to the same condition of helpless exhaustion and lifelessness as results from a constant deprivation such as starving (Eros has been temporarily used up). The end-result of aggression directed outward, if it cannot be checked and controlled, is again to produce the worst danger-situation possible, the closest proximity to death. So that, in my view, from the very beginning the internal forces of the death-instinct and of aggression are felt to be the cardinal danger threatening the organism.[7] In spite of all later complications and even reversals, I believe anxiety of helplessness in the face of destructive forces within (a severe depletion of Eros within the organism) constitutes the fundamental pattern of all subsequent anxieties. Further, all later psychical developments are built up on this foundation and can be found to contain this situation at their core ; i.e. they are not merely adaptations to the external world and to the changing needs of the organism but at the same time constitute measures of protection against this primordial danger-situation which is ever present to the ego in the depths. In my view all psychical developments, not merely neurotic symptoms, are compromises and represent the *interplay* of Eros and Thanatos, subserving the demands of the libido but also paying tribute to the demands of the death instinct, while tending to guard against the influence of both instincts in so far as they constitute a danger to the ego.[8]

As long as primary identification persists and the breast is part of the self, such an overwhelming experience of unpleasure must be felt as being experienced by the breast also, as well as by the self, since

[7] Cf. M. Klein, *The Psycho-Analysis of Children*, Cap. VIII ; also M. N. Searl, ' The Psychology of Screaming '.

[8] Cf. M. N. Searl, ' The essence of the ego is that it knows what it has to do, not in order to live, but to avoid death '. ' The Rôles of the Ego and the Libido in Development '.

both are one. At such a level, moreover, the psyche has no experience of space or time by which to correct such alarming impressions. So the breast itself seems also to have been reduced to utter disruption and chaotic disintegration.[9] But I suggest that such a painful experience in itself does much to bring about the recognition of an external object. Not only does the breast in fact frustrate the demands of the ' me ' in this situation, and so force a breach in the narcissistic phantasy ; but the ego's need to dissociate itself from the unpleasure is so great that it *requires an object* upon which it can expel it, and which it can identify with a bad suffering ' me '. For such an experience of unpleasure is too intense to be merely ' killed ', hallucinated as non-existent.

Narcissistic phantasy would thus in itself lead to object-relations,[10] and these object-relations will at first be of a negative order, since objects are needed to bear the burden of the unpleasure and the aggressive discharges which the psyche of the primitive ego cannot tolerate. This psychical process goes hand in hand, as I see it, with the gradual growth of the physical capacity to *localize* stimuli. As the physical sense-perceptions apprehend objects, the psyche brings these perceived objects into its service by representing them to itself on the basis of narcissistic phantasy as recipients or containers of its own painful experiences. Objective experience, however, leads in the same direction as phantasy ; for it is the child's constant *experience* that its satisfactions and its relief from painful stimuli, internal or external, come to it from the external mother, so far as she is apprehended. Thus from the beginning any inexorable internal need is referred as a demand upon the external mother ; she and the need are one. (An aggressive anxiety-response also constitutes an appeal to her.) If she does not satisfy it, *she is inexorable in the same way as the internal need ; thus she becomes identified with the internal need and pain.*[11] This is, therefore, the deepest level of projection : internal

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[9] Dr. Clifford Scott, whose experience with psychotic patients supports M. Klein's views, has found that the blurring and distortion of the external world by tears in an attack of rage is of great psychical significance as confirming the imagined destruction of the object.

[10] As Freud says, ' Every excess contains within it the germ of its own decay ' (*Hemmung, Symptom und Angst*, S. 49).

[11] In an early contribution (this JOURNAL, Vol. VIII) and in a quite different context, I made the suggestion that the unattainability of a satisfaction (privation) is psychically equivalent to frustration, and is the

privation and need are always *felt* as external frustration. An internal situation of need and stress is necessarily treated as an external one, partly because help has come and does come (experience), and therefore *must* come (omnipotence), from an external agency. (Another source of this avenue of psychical relief from a painful *internal compulsion* is doubtless the experience of relief in anal evacuation by the act of expelling painful fæces.) So the child feels an intolerable helplessness and dependence first in relation to its own internal conditions, then (as a first measure of defence) a dependence in relation to its external conditions, as sources of help in various ways. The dependence on the mother, and fear of loss of her which Freud regards as the deepest source of anxiety, is from one point of view (the self-preservative) already a defence against a greater danger (that of helplessness against destruction within). Thus object-relations are sought, as improvements on and protections against the inadequacies and anxieties of a narcissistic state (just as marriage may be sought later as a refuge and defence against masturbation anxieties).

I will refer here once more to the pain and anxiety caused by hunger. Not only do the hunger-pangs feel like foreign agents within one, like biting, gnawing, wasting forces inside one, against which one is helpless ; but the intense wishes to seize and devour (the breast) which accompany such hunger at its inception will be identified with these inner devouring agencies or pains.[12] Thus the destructive condition (starvation) becomes equated with the destructive impulses : *' My wishes inside me are devouring and destroying me '*. In these painful and destructive feelings within, which seem like dangerous foreign agencies, we have the deepest root of the phantasied internal bad objects, for which an external (because less dangerous) substitute is needed. And in them too lies the germ of the strict super-ego, in the later development of which these same phantasies of dangerous internal objects play a part (cf. pangs of hunger, gnawing of conscience).

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source of the sense of guilt (super-ego). The light thrown on these problems since those days by the understanding of projection-mechanisms was then lacking. This point of view was worked out further by Ernest Jones in his ' Early Development of Female Sexuality '. In the present context I am indebted to Dr. Susan Isaacs for notes supplied me in further amplification of her former paper on ' Privation and Guilt '.

[12] This would be a prototype of all later situations in which a libidinal and aggressive (sadistic) impulse is felt to be at the same time destructive to the ego within (masturbation is the classical example).

We have the right to assume that a child's aggressive outbursts of anxiety derive in part directly from rage and express its hate and revengeful desires to retaliate. This retaliation too is primarily directed against the pain within and so a child's first hate is directed against itself.[13] All these feelings will be projected on to the breast in phantasy. ' The breasts hate me and deprive me, because I hate them ', and conversely; thus a vicious circle is set up. The first apprehension of cause and effect is thus also projected. ' You don't come and help, and you hate me, because I am angry and devour you; yet I *must* hate you and devour you to make you help '. The revengeful hate which cannot be gratified increases tension further; and the thwarting breast is endowed with all the ruthlessness and intemperate absoluteness of the infant's own sensations. Thus ' good ' and ' bad ' internal states become identified in phantasy with a ' good ' and a ' bad ' external object. The simplest narcissistic position in which the ego arrogates to itself all responsibility, all causal relations, all powers of life or annihilation, while objects are unknown, develops into a narcissistic system (comparable to a paranoia), in which all responsibility and causal relations are referred to an object identified with the self and endowed with similar powers of life and death, etc. Guilt and remorse will also be present to some extent along with these persecutory feelings and will greatly increase the conflict of ambivalence.

The struggle which now begins is that which we connote by the term ' oral-sadistic anxieties '. The drama is played out in terms of good and bad internal conditions, and good and bad external ones; while object-relations arise in part out of the apprehension of such conditions, in part of course from the response to the satisfactions and the love that the child experiences from its mother. It is in this intermediate period (say from a few months to two or three years), between the state of primary identification and that of the full appreciation of real objects and the development of an integrated super-ego, that the child exhibits its major anxieties (phobias of external dangers). The substitution of internal helplessness and pain by an external impotent and cruel breast creates a bad external object, although the image of the good breast exists alongside of it.[14] The next aim of psychic phantasy is then *to keep these two images separate*

[13] Cf. observations of babies scratching, tearing, biting themselves, etc.

[14] In our view this is the root of ambivalence. We believe that already in its first year the child is exposed to conflicting feelings of love and hate, and also of guilt, towards one and the same object.

and distinct ; if they are allowed to merge, clearly a good breast which is also cruel and vindictive has ceased to be good. But the existence of a bad breast again in itself gives rise to manifold anxieties ; e.g. fear of its cruelty and retaliation ; fear of the aggression aroused in the self against it ; and danger to the breast from the aggression of the self, in so far as the bad breast is felt to be identical with the good one. This situation entails the possibility of *both* the external object (breast) and the self being felt as full of destructiveness and danger—it is therefore one of intolerable despair again. This state of mind corresponds to the condition in melancholia and relates essentially to the ' loss of the loved object '. As a defence against such absolute despair the feeling of distrust of the object may now be revived and reinforced ; it is one degree less painful than despair. This radical distrust, however, which verges on despair is directly related to persecution-fears and is reproduced in the later paranoia psychosis when further development has not enabled it to be overcome.

Faced with these anxieties of uncontrollable and destructive impulses within and without, the ego resorts to a very intensive use of the defence-methods of projection and introjection so characteristic of this period.[15] Good must be secured within and bad destroyed and expelled. Not only are the bad impulses projected, i.e. treated as outside the self ; but endeavours are now actively made to eliminate and expel them out of the self. Destructive impulses must be got out and be got rid of. Later this develops into the small child's actual destructiveness, which is thus *not merely a discharge* and gratification of impulse. But the suckling who needs to discharge his destructiveness

[15] Freud writes, ' It may well be that before a sharp differentiation between ego and id has arisen, before the development of a super-ego, the psychical apparatus employs other methods of defence from those it uses after these levels have been attained ' (*Hemmung, Symptom und Angst*, S. 124).

It should not be assumed that in general we regard introjection altogether as synonymous with taking in good and projection with eliminating bad. This may well be true as far as their use as *defences* against these early anxieties is concerned. The terms denote psychical processes which are not restricted to use as defence-mechanisms. From the earliest age, for instance, in regarding the breast as good, the child is also projecting good feelings into the outer world. In later stages of development enormous use is made both of projecting good, as in sublimations, and introjecting bad, as happens in delusions, melancholic and obsessional conditions and in character development generally.

against his only object (the breast) and to gratify his hate (by biting it, etc.) is unable to achieve much of such gratification. This is not only because physically the co-ordinated movements are not yet sufficiently developed, but because the love already felt at this stage for the breast will also inhibit him. Thus phantasy comes again to his aid.

When we speak of ' phantasies ' in babies or small children, we do not imply an elaborate *mise en scène* or coherent dramatizations in them, nor of course to begin with plastic or verbal representations. We surmise that the child *feels as if* it were carrying out the desired action, and that this affective feeling is accompanied by a corresponding physical excitation in certain organs (e.g. mouth or musculature). We conclude that to begin with the child discharges its aggression mainly by calling up feelings and sensations of an aggressive order. It is here for instance that in our view the enormously important psychical significance of the excreta as hostile agents and means of discharging aggression arises. Whether training in sphincter-control begins early or not, there is no doubt that these physical functions are by nature suited to represent the discharge of ' pain ' ; and if, as we believe, the psyche needs to localize unpleasure at some definite point outside itself (in an object) the discharge of excreta would in phantasy be *felt* as a transference of the painful excretory substance on to or into that object. (The projectile weapon is the reproduction in objective reality of this primitive phantasy-situation.) Loose motions, flatus and urine are all felt to be burning, corroding and poisoning agents. Not only the excretory but all other physical functions are pressed into the service of the need for aggressive (sadistic) discharge and projection in phantasy. Limbs shall trample, hit and kick ; lips, fingers and hands shall suck, twist, pinch ; teeth shall bite, gnaw, mangle and cut ; mouth shall devour, swallow and ' kill ' (annihilate) ; eyes kill by a look, pierce and penetrate ; breath and mouth hurt by noise, as the child's own sensitive ears have experienced. One may suppose that before an infant is many months old it will not only *feel* itself performing these actions, but will have some kind of *ideas* of doing so. All these sadistic activities in phantasy are felt not only to expel the danger from the self but to transfer it into the object (projection). And there follows the anxiety of retaliation by the object.

The fear of retaliation itself surely has a foundation in experience, namely, in that of the continual *recurrence* of internal unpleasure and

tension, of need and aggression—the boomerang principle. Projection never succeeds ; the feared and hated pain and helplessness always recurs, comes back. Here would be the core of the idea of talion punishment (a recurrence and repetition of cause and effect in a reversed direction). The persecutors in a paranoia are feared like *revenants* who may appear from nowhere ; and we know they derive from fæces. The stools too are always ' still there ' although they are constantly expelled. Nor do such phantasy-processes in effect constitute an adequate discharge ; the ungratified wishes are by no means satiated. Another vicious circle has arisen. The attempt to externalize the difficulty has to some extent failed, so the original situation of danger within has recurred.

The accompanying process of introjection functions at the same time secondarily as a means of increasing and prolonging ' good ' states and conditions within. The process of introjection of course operates continuously from the first dawning perception of ' something ' external to ' me ', i.e. the breast ; ' that something is good and I take it into me '. Introjection like projection proceeds parallel with the development of object-relations ; each fosters the other. But feelings of helplessness, emptiness (of ' good ' sensations) and dependence on the breast all greatly augment and stimulate the desire to take in whatever is perceived as good. These oral cravings thus become the kernel of greed in general. Impulses to accumulate good within are strong, and connect with aggressive impulses to seize (also to steal secretly). The wish to secure the good breast, to have control over it, and be able to keep it forever, and thus to acquire a perpetual insurance against both lack of satisfaction and the dangers of helplessness and aggression within (and without) leads to a great intensification of introjection. And this process is altogether very closely related to phantasy-building. Both for our theory and our practice, the great significance of introjection lies in the phantasy-systems relating to the internalized objects which develop at this stage. The internalization of all *good* is the paramount need. At first the part-objects, a ' good ' breast, good mother's arms and hands, good loving mother's face must be secured within the self and under the control of the self. It is at this stage that a baby ' puts everything into its mouth '. These feelings are paralleled by the earliest experiences of taking in orally, and through eyes and ears, and by grasping things, etc. The absorbing stare with which a six-months baby looks at one plainly demonstrates how he is taking you in. Surely the child *feels*, if it does not yet *know*,

that it is at least ' acquiring knowledge ' of new sights and sounds, and so on, every day. We say ' He recognizes me ! ' and it means ' He has preserved his perception of me intact in his mind since he first took it in '. And I think the baby too knows in his way that *he* is involved in the process ; his ' recognition ' means to him in feeling that he has preserved his memory of me, as well as that I have appeared again in a concrete form. This impulse to incorporate is another aspect of the developed narcissistic system in which there is complete dependence on a good external object which is identified with the self. For, as a corollary to this, there goes with it the aim of a total absorption of all good objects into the self. These two counterparts represent the aims and significance of the projection and introjection processes, which develop out of primary narcissism as external objects begin to be perceived.

Analytic experience shews very clearly that the strength of this need to internalize all good brings about a mobilization and utilization of erotic impulses in the defensive struggle against sadistic anxieties. The child gratifies and discharges its libido orally on the breast ; but since this gratification causes emptiness and helplessness within to disappear, the demand for such ' internalizing ' satisfactions is intensified. The physical erotic sensations experienced in reality then increase and ' confirm ' the (phantasy) reassurance of having in fact obtained more good into the self. Need for reassurance against anxiety and for erotic satisfaction reinforce each other.[16] Freud has raised the question why a desire should ever become excessive, i.e. insatiable, incapable of being gratified. Some analysts assume that libido is only excited biologically, by somatic stimuli. But many psychic manifestations show that a threat from the death instinct produces a strong uprush of Eros, and we may fairly conclude that the aim of this response is to counteract the destructive forces felt to be within.[17] The well-known ' avidity of neurotics ' in general in my view arises as a response to the constant anxiety of their own internal aggression (sadism, death-instinct) which is also the cause of their neurotic symptoms.[18]

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[16] Cf. Melitta Schmideberg, ' Some Unconscious Mechanisms in Pathological Sexuality '.

[17] This may well be one source of the sexual orgies indulged in at times of war, pestilence, etc.

[18] This represents the situation in melancholia and drug addictions, in which oral cravings are a special feature. The ' pure culture of sadism ' in

The lack of oral satisfaction and the anxieties and conflicts arising out of oral sadism thus seem to lead to the early manifestations of genital excitation in babies. Genital masturbation and erection may be observed in boy babies of a few months, and there is also reason to think that girl babies experience vaginal excitation. One reason for the often traumatic effect of weaning is that the child is left with no opportunity for obtaining erotic satisfaction from any *body* except its own. This stirs up all its anxieties about the existence of good sensations inside itself and its capacity to produce them ; and leads to a constant need to test and demonstrate this capacity.[19]

The increase of libido, however, again stimulates a need for objects to be incorporated and this rouses aggressivity again and increases the anxiety of destroying them. And the growing capacity for other activities besides sucking (e.g. struggling, biting with teeth, etc.) would give rise to and confirm these apprehensions. Moreover, the good objects within as well as without vanish and are replaced by bad sensations (felt as bad objects), painful fæces, painful effects of screaming, etc. The good breast becomes transformed into a bad thing inside. *The problem of preservation* is the rock on which projection and introjection founders. Emptiness, aggression and sadistic impulses *come back ;* just as the good state of well-being after feeding cannot be preserved. The omnipotence of phantasy is a weapon which cuts both ways ; it can be used to create goodness, and to destroy and expel badness. But what if destructiveness seizes the reins and omnipotently annihilates goodness ! The perpetual disappearance of goodness within leads to the anxiety of having ' made it bad ' by the action of the organs and poisoning substances in the self. For the destructive apparatus phantasied inside the body is felt as foreign agents, as soon as the ego is not identified with them in actively wishing to destroy, but is hoping to preserve. Here come in the terrors of dangerous

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this disorder, as Freud calls it, relates to the conflict between the ego and the phantasied internal objects, each of which is felt to be attacking the other. The cravings to imbibe ' good ' substances arise largely because they are needed as a means of assuaging this struggle of two devouring forces.

[19] Analytic experience in our work with children and adults who masturbate compulsively very definitely confirms this view ; the compulsion diminishes in direct proportion as the anxieties of aggression and the inaccessible love-impulses towards the phantasied objects are brought to light.

retaliating objects within, devouring beasts and monsters, destructive as the child feels it has been to the breast or person it has incorporated. Such retaliating persecutors within are undoubtedly the genetic forerunners of the strict aspect of the super-ego.[20] If nothing good within *lasts*, there can be no confidence and security in oneself. Then only the visible presence of a strong good mother outside can reassure against such fears; hence the dread of darkness, loneliness, etc., which now begins to arise. So again the external situation is used as a defence against and replacement of the internal. An external mother must be (and usually is) strong enough to check and control externally directed sadism; therefore it will be again best to let it out, discharge it externally, and transfer to her (the object) the responsibility of preserving herself and the child.[21]

By the time there is some recognition of real persons externally there is also some awareness of a 'me' in consciousness: the ego proper has begun to develop. It seems that at first the conscious idea of 'me' is largely coloured by painful associations. Phantasy is then taken up as a refuge from the reality of 'me'. The feeling that 'I am an uncontrolled and uncontrollable bundle of unpleasant and

[20] These phantasies of beasts and destructive influences of all kinds within the self are of course in part shaped and formulated to a great extent with the aid of external impressions (e.g. pictures and stories of wild beasts, experiences with animals and reptiles, etc.). The phobia or delusion of cancer, for instance—an insidious engulfing creature, ceaselessly advancing its ravages within one—derives directly from this level of phantasy-formation. The understanding we now possess of this type of phantasies seems to throw some light on the general psychical tendency to 'anthropomorphize' any conception of a dynamic force or process within the mind or body which is felt to be independent of the self or not under its control. Horrible though such phantasies may be, it is possible that the anxiety they express may be more tolerable in reference to something with a definite name and shape than otherwise. The other and of course even more significant source of such phantasies of animals and monsters within is the 'totemic' mechanism, the effort to substitute for the parents, as objects of all the aggressive and sadistic impulses, animals whom one may and possibly can legitimately kill (and eat) without the most terrible consequences.

[21] This phantasy-situation is one that unconsciously actuates the asocial character, and in a milder form many childishly 'irresponsible' and dependent people. The complete and secure introjection of a good object has not been achieved in such cases.

dangerous impulses towards myself and others and therefore they are dangerous to me ' leads on to ' I have somebody like my good helping mother inside me, who will watch over me and never allow me to go too far, who will save me and herself (outside me as well as in) from serious danger '. In this feeling of keeping a good helping protecting mother securely inside we undoubtedly have the first rudimentary form of a later helpful and controlling super-ego which one is willing and able to obey. The perceptual recognition of persons in the environment as whole real external objects who produce effects (on the whole, good effects) becomes strengthened and more or less established, even though this objective knowledge is still very much coloured and distorted by the persistence of the narcissistic attitude. A phantasy may then develop of incorporating whole unspoilt (perfect) loved objects, in such a way that they can be preserved successfully in oneself. And that way is, as it were, by segregating them in some deep hidden part of oneself, where the aggression and damaging influences of the ' me ' cannot reach them.[22] The physical prototype of this good safe way of incorporating exists in the ' good ' sucking activity at the breast, which takes without injuring (in fact produces more milk) and uses the good milk inside for growth and to become a good child to the mother. In sucking too the good substance taken in becomes hidden and irrecoverable, yet is known and felt to be indubitably there ; growth and well-being testify to its presence.

How far the full internalization of ' whole ' objects,[23] real people recognized as such, succeeds is of the greatest importance for develop-

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[22] Thinking and ideas later seem to play a special part in this process, and often to represent a ' safe ' way of harbouring the good loved ones, in the mind and thoughts ; intellectual acquisition is here contrasted with bodily ways of incorporating them : eating, swallowing them, etc. This may lead to the eroticized and compulsive thinking of the obsessional neurosis, if the anxieties connected with such phantasies are too strong.

[23] The phantasies relating to the all-important question of ' whole ' objects as contrasted with objects that are in bits, ruined, devastated, etc. are of the utmost significance in practical analytic work. All the most difficult resistances connected with the deepest despair and depression centre around this point. The early recognition that persons can and should be ' whole ', and the wish that all objects should be unspoilt and ' perfect ', leads to the greatest anxieties that one's own aggression may damage and reduce them again to bits (by biting, cutting up, or by parting them from their loved ones, and so on in infinite variety).

ment. We find that this stage of object-relations, which corresponds to the genital, is reached to some extent quite early. This does not mean that oral and anal part-object relations are overcome, but that the different positions and feeling-attitudes can be and are alternatively adopted from an early date onwards, in varying degrees. When the loving face of the mother, the hands and arms that nurse and tend, the breast that feeds, become united as one and referred to a definite perception of the mother as a real actively helping person, then love-feelings as distinct from sensual needs arise. So that feelings of love bring about the essential difference between part-object and whole-object relations. Love is a complicated emotional attitude which has many stages and degrees in its development. Obviously the simpler egoistic attitude towards objects, in which they are regarded either as sources of gratification or are feared and hated as enemies, predominates enormously in early stages of development. On this level the child's relation to persons in its environment—whether it feels them as friendly or hostile, whether it desires or hates and fears them—depends to a great extent on whether the child's feelings in itself, its own internal state, is good (satisfying) or bad to itself. The behaviour of the real objects is felt largely as a mirror-reflection of the child's feelings towards them in itself. It is this fact that determines the importance of the child's real experiences and of the environmental factors in its development. External love and understanding, patience and good judgement, provide a stable world in which the child can feel that the bad or dangerous forces and impulses in himself will be withstood and controlled, and the good and helpful feelings and needs satisfied and encouraged. The storms of desire, hate and terror raging in him can vent themselves there without bringing him face to face with helplessness, despair and destruction again (flight to reality).

If, on the other hand, really harsh treatment or lack of love and helpful understanding is experienced, the child feels its own capacity for good feelings, satisfying to its parents and itself, greatly reduced and its helplessness against its own aggression cannot be overcome. Really strict or cruel parents (or parents on to whom it has projected its own sadism excessively on account of too great anxiety) cannot be endured or internalized—and later on *must not be submitted to*—since they represent the child's own dangerousness (the authority and compulsions of its own uncontrollable impulses).[24] When this relation

[24] This will later on cause the early 'naughtiness' and neurotic difficulties which often arise between two and four years of age.

to external objects is not outweighed by love and belief in them, the incorporation of a whole (loved) object does not succeed. It signifies that the child's trust in its own good feelings towards objects has not been adequately established, and consequently that external objects are not trusted as good and helpful. Little but anxiety of them is genuinely felt, though a superficial adaptation on the lines of placating and secretly circumventing them may be made, if they are not openly defied.[25] But these anxieties seriously interfere with the child's development of independence; preoccupation with the anxiety felt towards all surrounding persons creates an insurmountable, if unconfessed, dependence. These attitudes are then expressed in eating difficulties (concealed fears of poisoning), and in troubles over control of excretory functions generally, and are often aggravated when the mother is pregnant and another child is born.[26] On the other hand, the internalization of good helping persons counteracts these difficulties. And all this will be felt to some extent in the first year, during teething and weaning.

When some appreciation of relativity and of time and space has been gained, things become less absolute than they once were. *Experience* shows that a good external mother is on the whole stronger than the child's badness (pain, etc.); while pain can be surmounted and *not* lead to death; waiting a while does *not* mean starvation; the 'lost' mother *does* come back presently, and so on. When walking and talking begin too, they increase the impulses towards control and independence in the self.[27]

The capacity for true love of an object, as distinct from sensual desire, develops on the strength of the identification with such good helping external figures, which results from an internalization of them. The full capacity for love, however, contains many elements and is no

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[25] Such people in later life remain very 'introverted' and independent; they are actually always suspicious of others.

[26] The whole topic of anal and urethral erotism and sadism is too big to be gone into here. It is linked up, on the basis of primary identification and the projection-introjection processes, with all the feelings and impulses towards the inside of the mother's body and its contents.

[27] But analytic material suggests that in those small children who live, as it were, on the phantasy of having introjected all needed good, and crave independence as a safeguard against external objects, the new realization of their helplessness and inability to walk and talk comes again as a serious blow to security and satisfaction.

simple primary phenomenon. Often enough, as we know, it is not satisfactorily achieved. Love for an object implies the capacity to bear some pain or loss for the object's sake—i.e. for the sake of love—without deriving any immediate or concrete return oneself. The simplest and earliest form of love is doubtless a wish in the baby to rediscover his own happiness again in the outer world, in another being. This represents a tendency to project the 'goodness' felt within him, and an impulse to bestow it externally; it implies no loss or renunciation. With advancing recognition of objects it becomes both the wish to satisfy and please his good real objects (mother) and to make some return to them. Tender love-feelings of this kind may be shown on occasions very early. The 'gifts' of urine and fæces made by the baby at the breast can be sacrifices made for love, as we know, (though they can also be omnipotent bestowals or hostile weapons). These earliest and simplest impulses to do good to others then become woven in with the fabric of the libidinal object-relations and contribute to the development of anxiety and concern for the well-being and happiness of the loved ones, both internal and external (dread of their destruction). The defensive measures that accompany libidinal development of course also play their part in the process. This leads to regret and remorse and an anxiety to repair harm and restore the damaged goodness both within and without—to bring back good feelings both in self and object. Guilt and a sense of responsibility towards the object develops; the desires to satisfy it and restore to it increase a hundredfold; and sorrow on *its* behalf is able to be felt.[28] All these feelings—some of which are of an exceedingly painful character and give rise to severe conflicts—are contained in the fully-developed emotion of love. The first stirrings of them are present already in the baby's emotional relation to its mother, as soon as he perceives her as a real person and one who helps him. If the young child's ego is able at this early stage to bear the force of these emotions, i.e. if it does not have recourse too early and too much to the defence-methods of neutralizing these conflicts (at the same time neutralizing, displacing, or even abolishing all feelings), it will succeed in working over the conflicts and sustaining these emotional relations. When they can be sustained they imply a definite organization in the object-relations of the ego, and a certain integration of internalized parent-figures, both helping and frustrating, into a super-ego function.

[28] Klein. 'A Contribution to the Psychogenesis of Manic Depressive States'.

Identifications with parent-figures exist on all levels of development, from the primary narcissistic identification to that of full object-love ; the latter cannot be achieved until a ' consolidated ' super-ego (Freud) has been established. Thus what distinguishes the first type of identification from the last is the capacity to renounce an instinctual impulse for the object's sake.

It is impossible to do any justice here to the complexity and variety of the anxiety-situations and the defences against them dominating the psyche during these early years. The factors involved are so numerous and the combinations and interchanges so variable. The internal objects are employed against external, and external against internal, both for satisfaction and for security ; desire is employed against hate and destructiveness ; omnipotence against impotence, and even impotence (dependence) against destructive omnipotence ; phantasy against reality and reality against phantasy. Moreover, hate and destruction are employed as measures to avert the dangers of desire and even of love. Gradually a genetic development takes place, in some such way as I have tried to sketch here, by means of the interplay of these and other factors, and of them with external influences, out of which the child's ego, his object-relations, his sexual development, his super-ego, his character and capacities are formed.

It is the wealth of phantasy-life dealing with wishes and aims to do good to the object for its sake, for its happiness and well-being, found by Melanie Klein and her followers in tiny children, that provides the best evidence for our views. This material brings into our theoretical discussions the huge topic of the attempts at reparation, and their great importance for ego-development. The significance of the phantasies of reparation is perhaps the most essential aspect of Klein's work ; for that reason her contributions to psycho-analysis should not be regarded as limited to the exploration of the aggressive impulses and phantasies. The importance of this aspect is bound up with the theory of the need for defence against aggression. [These impulses, moreover, are one genetic source of the development of creative impulses and sublimations.] For good conditions and good feelings within must be rescued, restored, and preserved, if desolation and annihilation of the self and its objects in phantasy are to be averted. The sense of guilt and sorrow produced by the developing love-feelings and super-ego function, in conjunction with the helplessness and uncontrollable aggression which are still so strongly felt, and the anxiety of losing the object, are the factors impelling towards repara-

tion. The objects within, feelings about people, must be put right, for they are part of the self ; the self cannot be rescued and preserved without them. And the external objects, real parents, brothers and sisters and so on, must be pleased and made happy, both for their own and the child's sake. Again, if the internal objects are not right, they become both extremely destructive persecutors and unendurably painful accusers, heaping reproaches on the self. And then the child's anxiety and distrust of himself disturbs his relations with the real people round him ; they become ' bad ' and frightening to him and perhaps actually harsh or unkind as well. A stable peace of mind is dependent on a confidence and security that the good objects are safe and well within and well looked after ; hence the efforts to make reparation are an absolutely essential and integral part of development. Even when external factors are in reality hard and difficult, they can be tolerated and improved, but only in so far as this inner stability holds good. Throughout life all psychical capacity to achieve and produce something good—harmony, unity, well-being, new life—rests on this foundation.[29]

Like all other activities, these attempts begin in feelings and phantasy. Just as the infant hallucinates that its physical and libidinal needs are satisfied, so it imagines it can *bring back good feelings* that have been lost. Aggressive greed and revenge are felt to destroy goodness and transform it into bad ; so omnipotence shall be used to bring good back, and transform bad feelings into good.[30] As external reality begins to play a part and be drawn into this world of internal values, the compulsion to put and keep things right extends to real things. Washing, eating, playing, must be done in the ' right ' way ; and those in charge of the child must carry out its need to be right. This connects with the tendencies to *undo harm* and put objects right magically.[31]

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[29] Even the asocial child and criminal character have these tendencies ; but in such cases they are deeply concealed and hidden. Also, since in such types confidence in internal goodness has never become established, the attempts to make good are still confined to a magic world of phantasy and have insufficient relation to objective reality. (Cf. Klein's discussion of the manic defence-mechanism in ' A Contribution to the Psychogenesis of Manic-Depressive States.)

[30] All the strength and powerful influence for good of religious feelings rests on this type of omnipotence and the identification with a good internal object.

[31] This represents the obsessional attitude often very marked between two and four years of age.

Gradually, as the undoing and curative actions can be carried out in reality by the growing child itself they give it increasing assurance that it can and will be able to ' do something ' itself—to put disaster right in a real and concrete way both in itself and for others. The pebbles and stones it brings to its mother are restorations to her of the babies and her other body-contents it has wanted to rob her of—in its phantasy *has* robbed her of. If the child's anxiety of its bad impulses is still too strong it will feel that the stones may represent fresh attacks on her, and the impossibility of putting right again brings helplessness and despair. Growth and development normally make it possible for the child to satisfy its parents and make them happy more and more in real ways ; and this brings satisfaction to itself, partly because it signifies compensating and atoning to the parents, both for its destructive phantasies against them and its real naughtiness towards them.

I have tried to shew that internal conditions (feelings, sensations) are the earliest forerunners of object-relations. The objects are identified with the internal conditions and so are ' internalized '. Then a good feeling towards an object signifies (in phantasy, creates) a good object ; a bad hostile feeling a bad object. (Thus the relation, the attitude to the object, is both the beginning and the ultimate residue of the phantasied object inside.) Projection and introjection are employed in attempts *to keep good and bad separate*, to keep the bad out and the good in. Bad feelings cannot be kept out, however. The oral longings and biting, tearing feelings of fury towards unattainable desired objects are felt as unendurable persecutors within the self, gnawing, devouring and destroying. These ' archaic ' feelings are a permanent element in the organization of the super-ego, even though they are certainly not at first (and perhaps never) acknowledged or accepted by the ego. They are denied, and are attributed to foreign agencies within. But in the depths of the unconscious these foreign agencies are one and the same as those objects who were originally desired and incorporated—the real parents. Consciously the hate and rebellion against these inner persecutors is often re-directed against substitutes for the parents (against any authority). Now the full internalization of real persons as helpful loved figures necessitates abandoning this defence-method of splitting feelings and objects into good and bad. It means that all feelings, whether hating or loving, towards the mother really apply to the real person, ' mother herself ', and that it is the loved mother who is at the same time hated and whom

the child feels is being so terribly attacked by its uncontrollable aggression. And it means that both good and bad feelings have to be tolerated at one and the same time; since love for the object now necessitates that the aggression and pain formerly projected outside the self have to be borne within in the form of guilt. *This merging of the good and bad into one*—the conflict of ambivalence—is what all previous defences have tried to avert, because it meant that the good object would vanish and be transformed into a bad one. It is only if experience has taught sufficiently that love is the stronger that the two feelings can be kept together in relation to a real person and not again be too widely separated in phantasy. But this confidence in love is severely tested, because love for someone who has been injured evokes the pain of guilt, and a child or anyone whose dread of internal pain is too great will be unable to bear the pain of guilt: the pain, that is, of his own aggression towards others turned inward and felt by himself in himself by identification. This is what the self-reproaches coming from the super-ego mean. This pain is so severe that there is a strong temptation to externalize and project the aggression out again on to external authorities. Then the child (masochistically) feels himself injured by them or by his own conscience rather than accept and endure this pain.[32] Love that is felt to a real person evokes guilt and remorse, but also a great longing to undo the harm done and restore to him or her, and to become entirely good oneself. Then again hate and revenge interfere with this, and tendencies to make the *object* responsible for all badness in oneself recur.

These difficulties in development are very complicated and open the way to many more or less neurotic solutions. A normal development and a fully developed super-ego imply a capacity to bear the pain of true guilt-feelings and the ability to make real sacrifices in order to compensate and restore others. This can only be attained: (*a*) if the internal objects are felt to be predominantly good, that is, not too dangerous, so that to submit and identify oneself with them does not mean in phantasy that death itself will be the price exacted in compensation by them; (*b*) if love for them is felt to be stronger than

[32] Masochistic suffering offers the ego the advantage of an erotic gratification, which in guilt is absent; and it also provides a considerable measure of aggressive satisfaction in the projection of both guilt and aggression on to the 'persecutor' who inflicts the masochistic suffering on the ego. Guilt offers no outlet for either erotic or aggressive gratification; it entails privation of both the primary instincts.

desire or hate, so that robbing and destroying (eating) impulses can be renounced for the sake of love; then love will not be too much identified with eating or too much feared on account of the pain of guilt it entails, and so need not be denied; (*c*) if neither hate nor the responsibility for it need be projected, if these feelings are not felt to be so dangerous that they must even be exaggerated as a defence against destructive eating impulses; (*d*) if the pain of guilt can be borne because love for the object outweighs the pain and compensates for it, so that the belief and hope in better things is stronger and more real (less omnipotent and phantastic). When these conditions are present, and the pain of guilt can be borne, it increases love and brings a greater reward in the satisfaction of 'good feelings within', which means unification and reconciliation with the loved ones within and without. When therefore a certain degree of security has been attained that we are capable of feeling and of sustaining a good relation towards the external world, the people and circumstances we are dependent on, this security is equivalent to the love of our internal objects towards us. A very high degree of harmony can then be achieved between all the component parts of the personality: the feelings, memories and experiences which go to make up the ego. These good internal object-relations and feelings are then prized as the most valuable possession of the ego; love and trust is felt towards them (as the ego-ideal) and egoistic impulses which rouse conflict can then be genuinely renounced, or modified and adapted to valuable ends.

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THE CONSTRUCTION OF DEPRESSION[1]

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I

Cases of serious neurotic depression, though they may not yet have crossed the boundary to melancholia, are considered to be especially difficult therapeutically. Such patients often shew a most distinct negative therapeutic reaction. They will not be diverted from their self-accusations. They insist that they do not want to regain their health. Their masochism is so strong, the enjoyment of self-torment so strongly marked, that the serious view the analyst takes, the therapeutic pessimism he feels while approaching these cases, is fully comprehensible. This is why I am describing two cases where hopelessness was the prevailing feature for a long time and where a full therapeutic success was nevertheless attained. My description lays stress especially on technical questions which have been so far comparatively neglected in the treatment of this problem. Seen from the angle of technique, some of the theoretical problems appear indeed in a new light.

I shall describe how, in two cases, analysis succeeded in abolishing the depressive basis of reaction. The diagnosis was in both cases deep neurotic depression bordering on melancholia. In one case the depression was masked by an obsessional character, in the other the obsessional character was absent. The technical task is influenced by this difference in a manner that is not unimportant. Abraham considered the obsessional character a formation to be observed most clearly in the free interval. 'The psycho-analyst must emphasize particularly that with all patients whose diseases occur in cycles an abnormal character-formation can be observed in the interval. And this is unmistakeably that of the obsessional neurotic. In my experience at least a distinct separation between the melancholic character

[1] This essay was awarded a Clinical prize by the Institute of Psycho-Analysis, March, 1936.

and the so-called "obsessional character" is not practicable.'[2] Rado considers the obsessional character a mental protection to overcome the melancholic's ambivalence. In his opinion the obsessional character may be regarded as an attempt to cure, to divert, the dangers which threaten the melancholic from his ambivalence. Rado hints that the power of resistance of such a protective formation varies with each new burden. The value of such an attempt to heal seems to me questionable, not only because it does not prove resistant enough and collapses with each new disappointment, but also because the obsessional character is actually part of the neurosis, of the capacity to experience, restricting mental mobility. The depressive obsessional character is no doubt a protective formation meant to save the patient from the dangers of ambivalence, but in analysis we meet the obsessional character as a means of defence. Until the obsessional character is destroyed, we shall not succeed in analysing the pathogenic conflicts and repressed impulses of the melancholic. So we encounter the task which—as Freud says in *Some Character-types in Psycho-Analytical Work*—the analyst always meets when he tries to discover the meaning and origin of symptoms, and comes up against difficulties which make him concentrate on different peculiarities of his patient. 'He observes', says Freud, 'that his investigation is threatened by the patient's resistances and he may attribute them to the patient's character. Now this character has the first claim to his interest.' Reich has investigated exhaustively those resistances, proceeding from the patient's character, which he describes as character-resistance.[3]

The obsessional depressive character has hitherto not been regarded from this point of view, i.e. as a form of the ego's defence. Abraham has shewn us that the melancholic, contrary to the view of orthodox psychiatry, is not 'free', not even in the so-called free intervals, but shews pathological peculiarities which may escape the psychiatrist. Abraham sees in the melancholic obsessional character a proof of the psychological relation between obsessional neurosis and melancholia, and regards the obsessional character as an integral part of the neurosis, a part analysis must change if there is to be a change in the patient. Abraham strongly emphasizes—and this is perhaps one of his most important ideas which, it seems to me, has not received the attention it deserves—that during analysis a change of character from the

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[2] Abraham: *Entwicklungsgeschichte der Libido*, 1924, S. 10.

[3] See W. Reich: *Charakteranalyse*, 1933.

pregenital ambivalent forms to the post-ambivalent ones must take place. The difference between his conception and the one I should like to describe here is a chronological one. It seems to me necessary to start the analysis of those cases of neurotic depression, shewing a marked obsessional character, with a clear statement of the patient's characterological peculiarities, and not to postpone the analysis of character as the final winding up of the treatment. This difference seems to me of great importance from the point of view of technique.

Now it may be asked whether it is not too dangerous to attack an obsessional character which has been set up as a protection to save the patient from a sudden lapse into melancholia. There may be cases where such a procedure would not be advisable. Whether such an interference can be risked will depend on the prognosis, on the estimate made of the patient's elasticity and capacity to change. In the case I am describing such scruples were unnecessary. The patient's age, her unusual gifts and the soundness of most of her personality allowed of a consistent resistance-analysis. I felt that she possessed enough health and vigour to bear the shock bound to occur when the obsessional character breaks down. Therefore I ventured to make an energetic attack on the defence, and I was not disappointed. I was first able to break down the character defence, and as a result she suffered a strong but temporary melancholic phase. After these conflicts on which the depression was based had been really experienced, worked through, and resolved in analysis, the depression disappeared, and the obsessional character as well. Before describing the case I shall briefly state what is meant here by obsessional character.

On Obsessional Character

The obsessional character can be recognized even in the bearing of the patient. Such people are characterized by their excessively stiff posture, their immobile features and their measured jerky movements. In analysis the obsessional character is mainly recognizable by its lack of affective reactions. Where an hysterical patient reacts with an outburst of rage, the obsessional will keep a sullen silence or try to hide his aggression with a veneer of artificial friendliness.

Since Freud's classic paper ('Charakter und Analerotik') we are accustomed to understand by 'obsessional character' the following trio of character-traits: i.e. orderly, economical and obstinate. Abraham enumerates as qualities most frequently found with the obsessional character peculiarities concerning order and cleanliness,

a tendency towards obstinacy and surliness, alternating with abnormal compliance and 'over-goodness', and an anomalous relationship to money and property.

The discovery of these qualities which are always found in patients suffering from obsessional neurosis, the recognition that complicated functional relations exist between these qualities and anal erotism and sadism, are permanent results of psycho-analytical research. Yet the conception of character as the sum of isolated qualities does not seem to me satisfying, nor is it plastic enough. The task of the psycho-analyst is to understand a man's structure, that is to say, the dynamic functional relations in this structure. The conception of structure is perhaps an abstract one, but it means something very concrete. An isolated quality can scarcely be described as neurotic. What impresses one as the neurotic character is always a relation between qualities or attitudes of mind leading to a contradiction, expressing itself contradictorily. Neurotic structures of character are nothing but contradictions within a man. Freud and Abraham also point out the contradictions within the obsessional character, Abraham speaks of *obstinacy* and surliness *alternating* with abnormal compliance and over-kindness. But Abraham enumerates isolated qualities—sense of order, economy, obstinacy and so on—without making it clear what binds these different qualities together to make a definite type of individuality. The analyst has the opportunity of watching people day after day during a long period. He cannot help noticing that these people react alike to certain situations. Here one notices more and more clearly typical forms of reactions continually returning, always in the same way. With the obsessional character this typical form of reaction is a continuous state of being on one's guard against oneself, a complete inability to break loose. Such people's typical reactions are mistrust of themselves and an incapacity to let themselves go. Their impulses are always reined in. They feel in themselves something excessive and passionate which they fear without knowing what it is. They are afraid to lose control, lest these dark passions should carry them away. We know that above all it is the abnormal sadistic impulses that render these defensive measures necessary. These patients suffer from a chronic damming up of the feeling of aggression. On the one hand their repressed feelings of aggression are tremendously strong, on the other hand their excessively strict super-ego does not permit them even innocent acts of aggression. Always held back, continually hurt, they long for revenge, but they can never satisfy these feelings.

We understand by ' obsessional character ' in this paper a characterological formation set up to ward off anal and sadistic impulses. We assume here that the analyst must endeavour to understand by ' character ' the characteristics of a man, i.e. his distinguishing traits. In analysis those peculiar attitudes are of interest in which the analyst can discover neurotic contradictions, where the defence of the ego is near consciousness and therefore accessible to the patient's feelings. In the obsessional character, therefore, the analyst must not only pay attention to what the patient keeps back, but also to his method of doing so, and draw the patient's attention to this method over and over again.[4]

II

The patient who is the subject of this paper sought analysis because of depressions which at times tormented her very much. The depressions did not take a cyclic course with her. Phases of discontent were not relieved by manic excitation. She was in a continuously depressive state, at least during the years immediately preceding her analysis. Fluctuations only occurred in so far as real occasions increased her depression and brought her dangerously near melancholia. At such times she did not take the slightest interest in anything or anybody, and fell into a kind of paralysed insensibility; every word, every movement, cost her immense effort. During these melancholic phases she was occupied continually with thoughts of suicide. It is true, this intensification of depression was not very frequent with her, but the depressive basis was there even in her ' free ' intervals. She also suffered from a severe inhibition in her work. Sexual anxieties and frigidity played an outstanding part in her symptoms, and they were the immediate cause for analysis.

But this patient did not behave like other depressive cases in analysis. She did not complain. On the contrary, from the beginning she endeavoured to make light of her difficulties and her conflicts. She wanted to appear self-controlled. Her whole attitude expressed reticence and reserve. During the hours of analysis she lay almost as rigid as a corpse. It was easy to see what strain she put on her muscular system. In some hours of treatment the muscular tension reached a painful degree. Her face was motionless, like a mask, without any expression or feeling. The words of Goethe ' for what is within is

[4] See the chapter ' Zwangscharakter ' in W. Reich's *Charakteranalyse*.

without ' might well be applied to this patient—and not only to her. For just as her attitude was tense and rigid, so was she herself : obstinate and hard as nails. This tense self-control, this sullen stubbornness, was the patient's specific form of defence. By this attitude she warded off her feelings of aggression, her anxieties and sexual wishes. This general attitude, which in analysis appeared so distinctly and clearly as defence, may well be called obsessional character.

As this attitude became more strongly marked in analysis, so it became clearer that the patient had fully transferred her contradictory object-relationship to the analyst. Now was the moment to make her conscious of what was going on in her. I pointed out to her how she lay, how rigid she was. She slowly became aware that her attitude meant a defence against something. She realized that she could not behave otherwise. For whenever she tried to relax, to be freer, she at once felt a strong anxiety. The experiencing of anxiety is the sign that one has correctly discovered the defence, that the actual spot has been found and made conscious, where the battle between the defensive forces of the ego and the unconscious repressed impulses of the id is fought. When working on this one can see clearly the loosening of the repression, and immediately following this the attempt of the ego to maintain the repression with increased violence. We can follow at the same time the way in which these characterological attitudes strengthen the defence. The function of these attitudes can be observed with a distinctness which no experiment could make clearer. The patient felt that if she dropped her defence she would be shaken by uncanny dark passions, seized by unutterable anxiety.

What she tried to hide above all were her infantile wishes, her immense narcissistic demands. She was *au fond* a greedy child who always wanted something and became very angry when her wishes were not fulfilled. She was always disappointed and bound to be, because her wishes were immoderate, unrealizable. She always expected to be in the limelight, to be noticed by everybody. Her reactions to disappointment were as violent as her wishes. ' I feel that I am barbarous ' she said of herself ; I understood that she had to keep watch on herself, to feign friendliness lest the barbarian should break through. The aggression which began to stir after each disappointment—and she had nothing but disappointments—had to be kept off by rigid self-control.

In this phase of the analysis the development of her depression presented itself in this way : her object-relations were destroyed by

the violent ambivalence of which she could not free herself. Immoderate narcissistic demands to be loved and 'spoilt' were attached to every new object she could get hold of. These demands necessarily led to disappointment and thus provoked her hatred, her wild sadistic impulses. To this sadism she reacted with the characterological attitude which I have described as obsessional character. Through this her whole attitude became stiff, angular and self-conscious, so that she really became less loveable. She was unable to attract people. They felt that she lacked warmth and that she had no real relationship to the surrounding world. The feeling—'nobody cares for me, I am not loved'—was then justified, at least it partly corresponded with reality. I say 'partly', because through her intelligence, the intact parts of her personality, she could still maintain object-relations and was not really lonely. It is true that what she wanted she did not get, could not get. The grief caused by her unfulfilled wishes plunged her into depression.

The structure of the case being so far made clear, it is not difficult to define the technical task for the analyst in this situation. The analysis had to proceed to the libidinous basis of the characterological reactions. The transference situation provides the opportunity for this. Transference, like a compass, enables a way to be found through the puzzling abundance of material. Also in this case the analytical situation was by no means unambiguous. It is true the defence was complete in itself (the self-control was as rigid as a wall) to break the rush of the id-impulses. But the inhibited impulses were all the more varied; anal, oral, sadistic-masochistic tendencies, masturbation, genital anxieties, all had to be repressed. Which was to be attacked, where should one begin?

There were several reasons to suppose that the cardinal point of her characterological reactions was to be found in the oral fixations, and that the oral conflicts were at the same time the key to the correct utilization of the transference-situation. In the first place, working on the defence brought to light material which showed very clearly the strength of her oral demands. It turned out that she always wanted to have presents, always watched enviously to see whether anybody else was preferred to her, had more or was given more than her. Childhood memories shewed where to look for the source of these wishes. An oral trauma initiated their development. Her mother would not feed her, so she was bottle-fed. The mother herself told her later on that she did not want any more children. (The patient was the second

child, she had a brother four years her senior.) She alleged that even before her birth the mother had decided not to give her the breast. The patient even said she had been told later that the parents agreed to leave the infant's feeding to the father—which could only mean that he would give her a bottle. Probably this statement does not refer to what her mother actually said ; but reproduces a phantasy shewing clearly that she had transferred her oral demands from the mother to the father.

I may mention, by the way, that the question of feeding was acute throughout childhood, which was spent during the war ; she really suffered from insufficient nourishment. She reacted with special intolerance to these privations because of the unconquered oral trauma of her infancy. She reproached her parents with a lack of understanding of what it meant for children to be hungry ; they did not try to diminish the sufferings of the child, but added to them by their lack of understanding and of love. These oral privations symbolized everything for her that she had missed in childhood : the feeling of being loved, protected, spoiled.

As she had transferred the oral demands from her mother to her father—as I have mentioned above—I was able to attack the mother-relation as well as the father-relation from this point as soon as these demands manifested themselves in the transference-situation. It proved more helpful to the analysis to attack the oral conflicts from the father-transference. As regards fixation levels, it is clear that the oral relation to the mother came first. But the wishes and disappointments concerned with the father were more superficial, more accessible and were evident in the transference-situation. She reproached me with not being amiable, warm and fatherly enough. She longed for a fatter and more ' fatherly ' analyst than me.

The object-relation with the father was overshadowed by the identification with him. This identification was the conclusion of that painful process during which her love for the father had broken down through repeated disappointments. She identified herself with the object she could no longer love, and erected the object within herself. Also she had taken over the obsessional character from her father. He was taciturn and reserved. She tried to ' thaw ' him, and when she failed there was nothing left but meeting him with the same weapons which had hurt her so much, becoming as taciturn and reticent as he was. These tactics she also employed in analysis when she felt disappointed in me because I was not as ' fatherly ' to her as she had

expected me to be ; she began to punish me with stubborn silence and dogged reserve. This struggle, the dawning consciousness of its background, the realization that she was repeating her behaviour to her father, led to the loosening of the obsessional character. When she had given up the identification with the father, the object-relation with him became intensified through the medium of transference. For the first time for many years she dreamt of her father. She said herself that her father was so much within her, his self so much absorbed by the identification, that she could scarcely imagine him as an independent personality. The dream was a sign that the father had emerged again from her ego and had begun to revive as an object.

The analytical situation demanded that the patient should experience the oral conflicts in all their force. To achieve this the situation had to be found where the struggle between the repressed oral impulses and the defence of the ego was most acutely felt. An observation shewed me the right way. I had noticed that she listened with rapt attention when I spoke to her in analysis ; but she never properly understood what I said, in fact she never really listened. It was obvious that it did not at all matter what I said, but only that I spoke. I had drawn her attention to this and she had to admit that she did not take much interest in my interpretations. She enjoyed my talking to her, the feeling that my sentences were meant only for her. The important thing for her was the continuous stream of my voice. In short she wanted to be enveloped and soothed by a flow of words. She did not understand and follow my words, she drank them in and swallowed them. It was interesting to observe her quite typically melancholic ambivalence in this single trait. She admitted that she not only enjoyed the warm flow of words, but that she felt an enormous satisfaction in taking something, namely my words, away from me at every session. And not only did she take something away from me, but she did not need to give anything in return ; she could be silent. Her silence was meant to force me to talk again.

After the interpretation of her attitude in analysis she presented her oral phantasies more openly. She phantasied that some friends she went to see received her at a table laden with delicacies. She indulged in and enjoyed phantasies of oral orgies ; of feasts of voracious eating full of savagery, where bloody pieces of meat were torn with the hand, the bones broken and thrown away. 'Eating', she said, 'is really a fight.' Here she understood why she had felt so barbarian.

I also thought I detected her resistance in another way. The patient's manner of talking had struck me as peculiar. She spoke so low and indistinctly that I had great difficulty in understanding her. One felt when she was talking that she squeezed her words through a sieve, or contradictory tendencies seemed to get hold of her while she talked : the one wanted to push the words out, the other to keep them in. But there was no definite relation between her manner of talking and her topic ; for instance, she spoke in a low voice when she had something delicate to say. No, she would speak about indifferent things and nevertheless her voice became lower and lower, almost inaudible. She started talking in a normal voice, but as the time went on her voice sank to a whisper. I had the impression that the analytic situation aroused something in her, some wishes or impulses she felt to be dangerous and alarming ; this danger she tried to obviate by speaking in a low voice. I could use her voice and her manner of speaking almost as a barometer of her resistance. I began to draw her attention to her manner of talking, to the way her voice became lower and lower during the session. It is interesting to see how patients react when their attention is called to such peculiarities. They evidently do not like it, they become angry, sometimes frightened at the first remark. It was the same with this patient. She became furious when I persisted in my remarks with regard to her way of talking. She maintained that it was irrelevant, she could not understand why I kept reverting to it all the time. Her reaction shewed that I had seized on the right symptom and therefore I remained obdurate. For some time I forced her again and again to pay attention to her way of talking. I commented on every detail of her manner of speaking. I wanted her to become conscious that she actively used her voice for some purpose and that this must have a meaning, a function. I wanted her to become aware of what was taking place when she changed her tone. The first success was in her understanding that she kept something at bay by her voice. She admitted that she felt protected when her voice sounded indifferent and faint. For then she succeeded in remaining unmoved and not giving way to any emotion, any feeling and excitement. This recognition was the first step. I gained my point ; she understood that her manner of talking, her intonation, could not be a matter of chance, but belonged to the analytic material. By consistently referring to the phenomena of expression of the oral sphere I succeeded, by degrees, in bringing into consciousness the whole region of the mouth and throat. Globus-

sensations occurred. She perceived that she tightened her throat, and when she tried to give up that rigidity she at once felt anxiety. At last there came the decisive event. She suddenly felt a strong uneasiness, she was seized by a violent anxiety. I realized that she struggled with something that she did not want to say. At last it came out. ' I want to bite off something from you ', she said suddenly. ' What ? '—' Your ears, your nose '—and finally, after a pause, ' your penis '. This was the first breaking through of her oral sadistic impulses. The words ' breaking through ' can rightly be applied here, for what she brought later to analysis and into consciousness can only be compared with a flood after the bursting of the protecting dam. For days she could not get rid of a kind of hallucination referring to a bodily sensation : she imagined and maintained that she felt the bitten-off penis actually sticking in her throat. After this phantasy had been dealt with analytically she passed through a temporary melancholic stage. Her cannibalistic wishes became so strong that she could not eat for some days. The working through of the whole material, the analysis of her oral activity, finally restored at last the decisive memory of a really pathogenic experience in her childhood. She suddenly remembered an event which occurred approximately in her fourth year. She played with her brother, who was four years older, and sucked his penis. She called her brother's penis the loveliest toy. She did not know why her brother suddenly began to scream so that her parents came in haste. The father gave her a good thrashing, while her brother laughed with malicious joy. She lay for hours on the floor crying and in utter despair, forsaken by everybody. I think the correct interpretation of this is that she felt genital sensations when sucking the penis and was near the point where an oral-libidinous action might have brought about a genital development. Through her father's beating and the contempt of her whole family the further development of the genital-libidinous tendencies and phantasies was prevented ; she remained in the oral fixation, but the libidinous impulses were replaced by tendencies of revenge. This memory was the beginning of the solution of her oral fixation. It seems to me of great importance theoretically and technically that after this memory had been worked through in analysis the first genital dream occurred. She dreamed that she had coitus with her brother ; but I was in the next room, and she had to be very careful lest I should overhear something. This dream proved not only the strong genital excitement she felt when awake—stronger than any she had felt for a long time—but

also that the freed libido flowed into genital channels after the solution of the oral fixation. (Reich has described this fluctuating of the libido after the solution of the pregenital fixation.) It is true the patient could not yet divert the libido genitally because of her infantile anxieties. I had expected, and my expectation proved correct, that after the solution of the oral fixation a new regression would appear in the analysis. A new cathexis of the anal stage of development occurred.

The analysis of anal ambivalence disclosed the interchange of object-destroying and object-retaining tendencies, described by Abraham. This phase of the analysis was less schematic than the analysis of the oral activity and is difficult to outline. The climax was reached with the breaking through of the anal-sadistic impulses in transference. The patient phantasied among other things that she buried me and defecated me on my grave. In any case I succeeded in solving the anal fixation. I think this solution was actually brought about by intense experiencing of the anal regressions. Only now, after the pregenital fixation had been solved, did the genital anxieties and the Œdipus-situation come properly into analysis.

This turning-point shewed itself by the strengthening of genital desires which now appeared quite unambiguously. During the time I watched the patient, genital wishes had been only transitory and not especially emphasized ; which indeed they could not be because the libido was bound up with the pregenital fixation. She wanted a husband to protect her, spoil her, give her presents, that is, fulfil her oral and genital wishes. But she did not long for the genital union with a man. She became different after the solution of the pregenital fixation. The wish for sexual satisfaction appeared. But an adequate relaxation was not yet possible for her, for here her anxieties set in, and could only now be properly attacked in the analysis.

She experienced these anxieties in masturbation, and the analysis of masturbation became the most important theme and offered an opportunity of attacking the centre of the neurosis. She experienced in masturbation the genital anxieties of damage. When her excitement rose, an inhibition automatically set in, she had to prevent with all her might a further increase of her excitement. Then she tried again, but arrived again at the same point where the anxiety had set in, and continued in this way till she went to sleep tired, but unsatisfied.

The essence of the anxiety was that if she did not inhibit her excitement her genital would ' vanish ', be destroyed, melt away ; she

was also afraid of the loss of consciousness she felt approaching, and experienced it as a terrible danger. She reacted to it with mortal dread and was afraid she would never recover consciousness again, but would be swept away by the force of this tremendous excitement. The clearer and more conscious these anxieties became, the more easily her memories flowed, shewing infantile experiences as the origin of these anxieties. The analysis of masturbation disclosed yet another cause of her sexual difficulties. Her attitude in masturbation was quite stiff as if tied to something. She was afraid to move. She said masturbation caused her pain. That was quite possible, because not only can consistent stimulation without satisfaction easily turn into pain, but she accompanied her masturbation with masochistic phantasies. These phantasies proved to be new editions of her infantile masturbation-phantasies which had been re-activated through transference. In childhood she had joined a class of orthopædic gymnastics in accordance with her parents' wish. This she described as a kind of torture. The children were tied to peculiar apparatus, pulled up and stretched; it hurt very much, she said. Strange to say, in her childhood she had chosen the ' motif ' of her masturbation-phantasies from those gymnastic lessons, as she suddenly remembered. She phantasied that the strict gym. mistress tied her to something and poured a cauterizing liquid into her vagina or rubbed a burning ointment into it. As a child she imagined such scenes for hours before going to sleep and attained painfully voluptuous stimulation of the genital. She did not masturbate with the hands, but probably she stimulated her genital by pressing her thighs together or rubbing the blanket against them. Of course she could not attain real satisfaction, because these phantasies frightened her too much. The same thing happened after the analysis had re-activated her old phantasies. Her ego struggled against these phantasies, but at the same time she felt attracted by them, and they excited her sexually. In her phantasies I played the part of the strict mistress, I was to do something to her vagina which was painful.

At last the memory came that brought the solution. It is always an event for the analyst—though he may have often experienced it—when quite unexpectedly a memory emerges and hidden connections suddenly become apparent. The objectivity of the analytical process is never more convincingly shewn than when a question becomes more and more distinct and when the solution suddenly emerges without interpretative work, solely through consistent working on the

resistances. Such was my experience when the patient became again conscious of the repressed central masturbation-phantasy of her childhood. She remembered having had the phantasy as a child that her father, who was a doctor, had taken her into his consulting-room, tied her to his surgical chair and entered her vagina with a knife. Her father's consulting-room, with all its mysterious instruments, with the strange chair to which one could be tied and in which one would, therefore, be entirely helpless, which could be screwed up and would stretch the limbs, had filled her with passionate interest in her childhood. She saw her father retire to this room, and then he was not to be disturbed. She asked him to let her in, to take her with him, but this she was coldly and severely refused: That is not for children. She felt very sad and neglected. She could not understand why her father refused her alone when all the other women were admitted to his mysterious room.

Becoming conscious of this phantasy meant for the analysis at the same time the possibility of disclosing the sadistic conception of coitus and of sexuality in general. She understood now that for her the man who was to embrace her was still the father with his knife, to whom she would willingly abandon herself, but could not do so because this would destroy her genital. She felt the penis as a dangerous, murderous weapon, and defended herself against the pains she expected by spasms of the pelvic muscles. On account of this coitus really became painful, which confirmed her worst expectations and induced her all the more to reject sexuality as something painful, brutal and dangerous.

How did the masochistic tendency of the sexuality come into being? The patient remembered that her mother had surprised her when she was playing with her genital. The mother told her severely and seriously never to do that again or she would develop an ugly rash. She had, in fact, had an eczema recently which had troubled her very much. The threat worked; she did not dare to play again. She was four when this masturbation-threat led to an increase of repression. The masochistic masturbation-phantasies about the severe gym. teacher occurred between the seventh and eighth years. Masturbation was at first not masochistic, only later experiences led to masochism. But the decisive change of character took place during this period. Up to her fourth year she had been active, lively, full of vitality, but at seven she was already reserved, stiff in her movements, depressed and timid. What had happened during that period was that her

genital object-libidinous trends had met with an insuperable obstacle in the Œdipus-situation, harshness and lack of understanding.

Originally the object of her phantasies was certainly her father. The choice of the strict mistress and the mother was already a sign of the successful repression of the wishes attached to her father. The mother was less dangerous, for she aroused less anxiety, provoked less feeling of guilt. But there is another essential difference between the two phases of masturbation. The masturbation-threat made an uninterrupted course impossible. Genital excitement produced anxiety because it was connected with the fear that something terrible would happen. The increase of excitement had to be checked. An increasing tension without relaxation, consistent stimulation without satisfaction, may easily turn into pain, the more so because in infantile masturbation this manipulation is continued for a certain length of time. To quote Rado's excellent expression : The genital-masochistic deformation of sexuality seems to originate in checked masturbation. This masturbation consists in a painful-pleasurable irritation of the genital, probably felt as a burning and itching sensation. The masochistic phantasies may be conjured up because they supply appropriate accompaniment for the bodily experience of the checked masturbation. On the other hand the masochistic phantasies result from the atmosphere in which the child's sexuality is kept. Every sexual impulse, all sexual interest, is suppressed in the child, punished and condemned as something ugly, dirty and dangerous. Sexuality is wrapped in deep and oppressive mystery. Out of this atmosphere arise the masochistic phantasies. What else is left to the child than masochistic and sadistic frightening phantasies when it feels sexual excitement ? The child does not know that sexuality is pleasurable and beautiful, for his upbringing prevents this knowledge and forces other conceptions on him. These masochistic phantasies have besides the function of unburdening the child's conscience. Masturbation being a sin which one must not commit, the excitement resulting from it is wrapped in a mantle of morality. What is forbidden as pleasure is possibly allowed as expiation, self-punishment and voluptuous self-torture. Thus my patient's nightly masturbation started with phantasies of her orthopædic gymnastics which in fact were done at her parents' commands. Slowly her phantasies led from the painful gym. lessons to the painful pleasurable tormenting by the severe mistress, and this thought aroused an itching, burning feeling in the genital. This was not the voluptuous play (she deluded herself) which her mother had strictly

forbidden ; this was something cruel and disagreeable, but at the same time singularly mysterious, perhaps what her father did to the women in his consulting-room.

Rado emphasizes also in his paper, ' Castration-fear in Women ', the importance of the masochistic *deformation* (as he rightly calls it) of sexuality. I quite agree with him in the estimation of this phenomenon ; no doubt it represents the central fact of most neuroses in women, though certainly not of all of them. But I cannot accept Rado's genetic explanation. Rado deduces ' the masochistic deformation of the genital instinct ' in woman from the discovery of the lack of the penis which produces a mental trauma. Rado holds that the discovery has the most serious consequences when it occurs in a period of intensive masturbatory activity. ' It is then settled for the pathological development that it is the impulse confirmation of the " amorphous genital phase " which enforces the immediate genital reorientation directly after the penis-discovery ; the pleasure trend kept alive by masturbation continues compulsorily as pain-pleasure action in the genital masochism ' (p. 26).

Rado's shrewd interpretation may no doubt prove right for some cases, where the effect of the shock of the absence of the penis prepares the neurosis. But in my opinion Rado does not consider some essential elements of the infantile situation inseparably connected with the origin of the neurosis. When the little girl masturbates and discovers at the same period the anatomical difference, says Rado, the masturbation, up to now solely pleasurable, turns automatically into masochistic ' pleasure-pain activity ' through the effect and the understanding of this observation. But it seems to me that Rado entirely neglects other features of decisive importance. How does the little girl masturbate, with or without anxiety ? Is masturbation burdened with feelings of guilt or is it a permitted play ? I greatly doubt that masturbation was an entirely pleasurable practice until the lack of the penis was discovered. At any rate we are accustomed to find in analyses that infantile masturbation in both sexes is in any case burdened with anxiety and accompanied by severe feelings of guilt, *before* and *after* the discovery of the anatomical sex-difference. It seems to me that a little girl masturbating really without anxiety and without feelings of guilt, conscious of doing something permitted and naturally pleasurable, will not be likely to react to the discovery of the lack of a penis with a ' masochistic deformation of the genital instinct '. I think she will be more apt to do so the more her education has taught her

to regard sexual phenomena as something terrible, ugly and dangerous.

In my case it seems rather improbable to assume that the masochistic change of sexuality in childhood was brought about through the discovery of the lack of a penis. The patient spent her whole childhood in close intimacy with her brother. The discovery of the anatomical difference was surely made very early, even before the prime of infantile genitality. Analysis clearly shewed that the turn to masochism was in the first place a consequence of the masturbation-threat, and of the home atmosphere which made her see blood and terror in sexuality.

My observations confirm Reich's suggestions.[5] Reich emphasizes that the increase of sexual excitement provokes anxiety, and through that pleasure changes into pain.

Only at the end of the analysis is it possible to see the whole structure of the depression. We noticed at the first attempt to understand the conflicts causing her depression that she made immoderate infantile demands for love on her objects. She reacted to disappointments with acts of aggression which she tried to ward off with rigid self-control. Analysis shewed that the basis of these demands for love, which appeared consciously as a wish to be spoiled, protected and given presents, was unconsciously the longing for the mother's breast and the mother's warming body. The oral fixation in my patient originated from having had too little joy in life. She not only lacked nourishment in her infancy and later childhood, but she was also starved of love. In depressive and melancholic types being fed means being loved. Being fed means not only the isolated act of alimentation, but the feeling of being loved, cared for, wrapped up in an atmosphere of affectionate warmth and safety. And hunger means loneliness, being thrust out, forsaken. Rado brought out this connection quite clearly.

But here the question arises: what is it that preserves those infantile demands for love? Why cannot the depressive types find a more ego-syntonic possibility, realize the wish to be loved?

The answer lies near: because the way to genital love-activity is barred. In a genital love-relationship the infantile wishes for warmth and tenderness may also be fulfilled. Such a love-relationship is the only possibility for the adult to safeguard the inheritance of infancy.

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[5] See Reich, *Charakteranalyse*, S. 268.

People for whom this path is not open—and they are the neurotics—suffer from an insoluble contradiction ; for they long for something unattainable, being grown up they want to be loved like children. In other words the anxieties overshadowing the genital sexuality press the libido back into the pregenital positions. Thus these demands gain an uncanny force.

All this applies to our case. Genital sexuality meant for this patient a bloody uncanny thing, coitus was a great danger, the man an enemy who wanted to do something terrible to her with his penis. She could not give herself to a man ; she was incapable of loving. Therefore she could not find a man's love, the tenderness and warmth she longed for. The old infantile wishes were revived ; recoiling in terror from the female part she took refuge in the infantile situation. She could not be loved like a grown-up woman, but like a child she wanted to be protected, warmed and spoiled. The repeated disappointments she had to undergo plunged her into depression. ' Nobody loves me whatever I do, nobody understands me, I am lonely and forsaken—as I was in my childhood ', this was the simplified formula of her depression.

The way out of this situation seemed barred, but analysis succeeded in overcoming the genital anxieties, in destroying the sadistic-masochistic conception of sexuality, and thus brought liberation. This was the decisive change ; she became capable of genital love, she was able to love.

It was very impressive to observe how, after this last and decisive part of analysis had been accomplished, the patient's whole attitude was visibly changed. The depressive mask-like facial expression and her unnatural strained attitude disappeared. One felt she was able to have a genuine libidinous contact with people and with the world. Her warm nature was now free to expand.

I should like to shew from a second case how differently the analysis proceeds when the defence does not originate in an obsessional character. A man in his thirties sought analysis because of deep depression. The diagnosis was clear from the case-history. The patient reported that he had his first severe attack of depression at the age of fourteen after his father's death. For ten years he had suffered periodically from depressions. At the climax of depression he felt ravenously hungry and had in particular an uncontrollable desire for sweets. When the depression was specially strong he often had attacks of rage, and then tore everything to pieces he could get hold of. The depressions were relieved by slightly manic phases—not very strongly marked but still

recognizable—and then passed into the free interval; he was not really free then, but frightened, inhibited, excitable.

The patient started the analysis with those boundless self-accusations we are accustomed to hear from melancholiacs; as if the patient's greatest ambition were to prove to the analyst that he had the most useless and low creature under treatment.

Severe as he was against himself, he was indulgent towards others, always ready for self-sacrifice. He had a severe inhibition of aggression. He was not only unable to hold his ground against the slightest opposition, but he even imagined he had committed something of which he was perfectly innocent. This patient made very high demands upon himself. He wanted to devote his life wholly to an idea. This did not remain mere theory; he put his ideal into practice. Here he met with the greatest difficulties; for he was filled with anxieties and inhibitions, and so he was bound to fail. Each failure was a welcome occasion of intensifying self-criticism and self-reproaches. The actual fact of having a high ideal and trying to live up to it was not so striking, and did not impress me as so neurotic, as the impression of an unorganic relation between ego and ego-ideal. With him the urge for self-exaltation did not emanate from or was not acknowledged by the ego. He suffered from the demands which indeed weighed upon him as if forced on him from the outside, from an unknown power.

His childhood-history explained how this severe super-ego had been developed. His father, a somewhat peculiar man, half scientist, half poet, had a literally 'furious' ambition to make the unusually lively and gifted boy a real infant prodigy. Language was especially important to him; the boy should speak carefully, 'like a little professor', he should learn foreign languages very early. At first he felt the father's attention, so energetically concentrated on him, as gratifying, and was proud of it. But soon he began to feel his father's exaggerated demands as troublesome. He felt his father took away from him everything other children enjoyed. He was not allowed to play or make a noise because his father, who became more and more odd, was not to be disturbed. He rebelled against this tyranny and his father responded with greater severity. He was beaten and severely punished when he had not reached at school as high a standard as his father wanted, and that was not a low one. His original love and admiration for his father turned into hatred and defiant rebellion. A real battle developed between the two. He annoyed the father and provoked him whenever possible. The father, old and in bad health,

reacted with attacks of rage. When the father died the boy developed his first severe depression. He suffered all the torments of guilty conscience, for he thought he was to blame for his father's death. What thus took place in the neurosis between the intra-psychic factors was a real struggle. The strict father who had made such great demands on him became part of his personality, the super-ego that tormented and punished the ego. He was conscious of his hatred for his father ; but he had no notion of his strong identification with him. I tried to make him conscious of this identification by pointing out how little his ideals were part of his ego. He began to feel this singular discord more and more through consistent analytic work ; it surprised him that he had made such exorbitant demands on himself. That brought us nearer the mark. It became easier to explain to him the origin and the mechanism of his harsh super-ego.

When he talked of his ideal, what he ought to do, I noticed certain phrases he used repeatedly ; they did not seem to belong to him, sounded as if learned by heart ; for instance ' One ought to be like a flaming torch ' proclaim the truth, destroy lies—' One must know everything in order to help people ', etc. I began to draw his attention to these phrases which he always repeated in the same way. Where did he get that from ? I asked him, and shewed him how singularly strange they sounded, not at all as if they belonged to him. Then the scales fell from his eyes. Those were really his father's words ; his father used to repeat them to him ; he had heard them often when a child. Now he realized how great a power his father—whom he hated consciously—still had over him ; he could not help obeying him, he was still dependent on his commands. It was a turning-point in his analysis when he obtained real insight into this process. With this we arrived at the deeper sources of his depression. As in the first case referred to, the narcissistic basic structure and the oral fixation could only be uncovered after the destruction of the obsessional character, so in this case the loosening of the ego-ideal opened the way to the deeper layers of the neurosis.

For his high ego-ideal screened the ego's covetousness, its infantile weakness and its immoderate narcissistic demands. Consciously he was ready for sacrifice, for his infantile wishes, which tended in the opposite direction, were unconscious. His whole view of life strove against accepting them. Everything became different when he began to feel these inordinate demands as a burden, as forced upon him.

His attitude changed, he became more pretentious. He began to

feel angry and offended when he called on friends and found they were out, or when he thought people did not pay enough attention to him or did not care enough for him. The pretentious child in him arose, for now he had rejected his former ego-ideal. He did not want to work, to do anything for others, and fell into an apathetic passivity. The analytic sessions were occupied with self-accusations. He could not be got away from them ; every effort to make him realize his inward situation, every interpretation of his reaction to disappointment failed. The tenacity of his self-accusations, the negative view he took of life, the total narcissistic retreat, contributed to the impression of hopelessness one received when the depression had lasted for months, defeating every analytical effort. And yet when one has succeeded in grasping the mechanism of depression there must be a way to conquer it.

What is one to do with a patient who is not to be diverted from self-accusations, whose entire energy seems to have only one aim, to destroy himself ? The answer suggests itself : he is to be made aware by interpretation of what is taking place within him, what are the powers by which he is held in bondage. But that is just the point where one fails ; for the interpretations do not penetrate, they rebound without making an impression. Then nothing is left but to keep this fact in the centre of the analysis. When talking to my patient and trying to make him aware of his state, I noticed that he just listened to me ; but he never entered into what I said, never shewed by an association that he was affected by my interpretations ; on the contrary he continued his self-accusations monotonously and persistently and protested that nobody could help him—that he could not live, etc. I kept shewing him that he scarcely listened to what I said, and called his attention again and again to the unconquerably strong tendency working in him and driving him to self-torment. At the climax of depression the self-accusations almost cease. The patient becomes apathetic, like one paralyzed ; the painful sadness gives way to lethargy and exhaustion. Even self-accusation means a relief from the worst suffering.

This happened in my patient. I felt more and more clearly that the analytic sessions began to give him relief. Not because analysis had helped him—he had refused this help—but just because he could shew that analysis did not help him. His manner of talking, his whole attitude, shewed clearly that he enjoyed the pleasure of self-torture, that the description of his misery, the emphasizing of his disgust for life, gave him secret satisfaction.

Now the self-accusations, the self-tortures must have a different origin, for he had recognized that the pretentious ideal was forced upon him by his father, and it had consequently lost its power. He no longer wanted to be ' a flaming torch '. The meaning of his attitude, whose outward expression was an apparently unambiguous tendency to suffer, had to be grasped through the transference-situation. His self-accusations were not monologues. He wanted to shew me how miserable he was and how hopeless was his situation. And the more I tried to help him the more energetically he carried it on. Freud shewed in *Mourning and Melancholia* that the melancholic type while tormenting himself is really aiming at an external object. ' The doubtless pleasurable self-torment in melancholia . . . means the satisfaction of sadistic tendencies and tendencies of hate which really concern an object, and in this way have turned against the self. In both diseases (obsessional neurosis and melancholia) the patient generally succeeds in revenging himself on the original objects by the detour of self-punishment, and in tormenting his loved-ones by the medium of illness ; for he has taken refuge in illness so as not to shew his hostility openly.'

I received this impression strongly while observing the depressive patient's voluptuous pleasure in self-accusation in his analysis. My patient enjoyed the effect the description of his misery was supposed to have on me. The sadistic intention could be felt behind the manifest masochistic attitude. It is difficult to say what constitutes the pleasure of self-torment ; self-pity, revelling in feelings of misery and pain, perhaps also the preconscious (or sometimes conscious) sadistic phantasies within : ' Now somebody (the person against whom the feelings of aggression are directed) will despair when he sees how miserable I am '. The aggression manifests itself in an obstinate refusal of all help ; and in this way depressive types torture the people around them by their sullen persistence in their right to be unhappy, by continually displaying the attitude ' Whatever you do, I shall remain ill, suffering and miserable '. It goes without saying that they behave in the same way during analysis, for the analyst takes over the part of the object on whom the feelings of aggression are centred. From this it follows that the technical task consists in drawing out the aggression. It is not sufficient to interpret to the patient his desire to hurt the analyst, or the original object represented by the analyst, by his self-punishment. The patient must be continually shewn the outward manifestations of his hidden feelings of aggression and thus

be forced actually to experience his aggression. If this is consistently persisted in the self-accusations will infallibly cease and will be relieved by attacks of rage against the analyst. Acts of aggression always bring the patient perceptible relief. For the attacks of rage are always a sign of a reversal of the fatal process, the turning against the self of aggression which was originally directed outward. This process invariably leads to depression. My patient also reacted with attacks of rage. These outbursts, as well as his whole attitude in analysis, shewed that he had fully transferred his contradictory object-relations to the analyst.

In *Mourning and Melancholia* Freud says: 'The person who has provoked the patient's disturbance of feeling and against whom his illness is directed . . . is usually to be found among the patient's nearest relatives.' In the case of my patient the hostile feelings which were indirectly expressed in self-torment were really directed against his mother. The relation to his mother was very intense. His mother lived only for him; he filled the whole of her life. His fixation on his mother was quite obvious and very strong. Just as he had tormented her with his repeated declarations that nobody could help him and that he was weary of life, so he tried to torment me by obstinately refusing my attempts to help him. Violent scenes occurred between them also, outbursts of rage which made him feel desperate afterwards and provoked tremendous feelings of guilt. He could not understand how he could treat his mother so cruelly, she who had been so good to him and whom he loved so much.

The hatred of his mother originated in unconquered disappointments in his childhood. An oral trauma was of decisive importance in the whole development of this patient also. His mother could not feed him, he was sent to a home for babies, later on a family took charge of him. His parents only took him home when he was three. He seems never to have really forgiven his mother for this separation. During the prime of his infantile sexuality the usual disappointment of the Œdipus-situation was added to this. In puberty it was his mother who had to take over his education after his father's death, it was she who suppressed his sexuality. She had forbidden him very severely to masturbate, and told him masturbation would weaken him and rob him of his strength.

At the same time, besides the mother-transference there appeared layers of the neurosis in which the relation to the father became visible. The father-transference, too, was complex. Infantile pregenital love-

demands, as well as the stormy battles of the Œdipus-situation, expressed themselves in it. In analysis he used to act these conflicts most dramatically and gradually his gestures could be translated into comprehensible language. For instance he began to talk in a low voice like a dying man, worn out by age and illness, and maintained in this affected way that he was very ill. His behaviour will soon be understood when I add that in analysis he always called his father ' the old man '. His father had married late and was really very ill, looked old, thin, dried up with an enormous crop of white hair. He made an uncanny ghostly impression on the child ; illness made him hypochondriacal and irritable. He paid exaggerated attention to his health ; for instance he did his exercises naked, and my patient watched him. The father's penis had a magical attraction for the boy and seemed too big ; he kept gazing at it. The naked father, thin as a skeleton, but alive, with glaring eyes which sometimes looked so penetratingly at him, and with an enormous penis—he could not get rid of this picture. The illness disturbed some of his father's bodily functions, but his sexuality scarcely suffered from it, and his married life did not lack sexuality. Of course the boy discovered this, and this discovery intensified the conflict. On the one hand the father was for him the sick old man, suffering, effeminate with his hypochondriacal care for his body, on the other hand the sexually strong, wild, dangerous rival for his mother's love. When my patient talked in analysis about his father's last years, about his illness and his sufferings, he was either sympathetic and oppressed by feelings of guilt because he had tormented the invalid, or he was sneering and malicious and accompanied his description of his father's sufferings with wild scornful laughter. What did this change of attitude to a sick old man express ? No doubt he represented or acted his identification with the castrated father. Analysis not only disclosed with great clearness his castration-wishes against his father, but there also arose childhood-memories of former definite attacks against the father which were meant in this sense. When he acted the old man he was appearing as he had wished his father to be, namely really ill, without the sexual strength which in his view had made this illness so incomplete. Perhaps identification was a motive for experiencing in his own body what he had not achieved with the original object. The transformation into the suffering old man shewed the genuinely melancholic process of introjection of the object, and the turning of the aggression towards the introjected object which had become part of the ego. Thus we see the identification with

the father occurring in two places ; in the super-ego and in the ego. The first identification expressed itself as the strict and pretentious ideal, the second as an ego-transformation in changing into an old sick man. The identification in the super-ego was much nearer to consciousness. It could be destroyed comparatively easily through analysis. The mysterious and well-nigh inaccessible procedure of introjection was only demolished after the analysis had penetrated the deepest layers of the neurosis.

It was characteristic that this mood was always especially unstable, always bordering on irritation, and it often happened that the hour which he had begun as the ' invalid ' ended in furious bursts of rage directed against me. Another time he would groan like a sick animal, like a dog ; then his howling and lamenting animal sounds became wilder and sounded furious ; his face was distorted, he tore at his hair and his clothes.

I had the impression that he wanted to soften me with his pitiful howling, to get something out of me ; then, realizing that nobody understood him, he became furious and wanted to tear everything to pieces. The patient's associations shewed that this scene was related to the actual transference-situation. This attack of rage occurred when he thought that he had to go home and be alone after the session.

One sees how complicated the analytic situation was. On the one hand the deep introjection, the identification with the castrated father, and behind that the active castration-impulses against the father ; on the other hand infantile demands of love which he expected me, the new father-image, to fulfil, and reactions to disappointment because these demands were not granted—in fact a confused medley. One point of view made orientation possible. Genital anxieties, genital Œdipus-conflicts might be supposed inaccessible to analysis as long as a strong pregenital fixation was present. The first task of analysis was to loosen the oral fixation. I therefore had to interpret in the negative father-transference not the genital acts of aggression, but the disappointment of the unfulfilled infantile love-demands, i.e. the patient had to experience his infantile attitude in the transference-situation. His dreams revealed almost without disguise what took place in him. He continuously dreamt of men feeding him with sweets and in a specially instructive dream he even demonstrated the transference of his oral attitude from the mother to the father, in the reverse sequence, it is true. He dreamt a kind baker fed him with sweetmeats ; the baker changed into a pretty young girl offering him more to eat.

I have already mentioned that the infantile narcissistic greed only became visible after the removal of the strict ideal. Analysis had to work from the surface to make him aware of his immoderate infantile demands, his longing for consistent attention and friendliness. He came to see that like a spoiled child he had expected to attract attention, that he had felt hurt and disappointed when people near him were not always ready to fulfil his wishes, to look after him, to greet him in a friendly way. He could not endure that people were not always friendly and obliging; coldness and indifference meant a personal offence to him. The further task of analysis was to make him experience the libidinous kernel of these wishes, where everything was concentrated. Already the symptom shewed the inner meaning; when hunger troubled him in his depression he always longed for sweets. The dream in that phase of the analysis where the oral desires appeared in the transference shewed quite clearly the longing: the analyst, the father should spoil him by stuffing him with sweets. Evidently he had in childhood transferred his oral demands from the mother to the father, who took so much interest in his speech, an oral function. But his father also disappointed him, treated him badly, tormented and beat him, and his love turned to hate.

Only after analysis had by degrees made him conscious of his infantile demands, his narcissistic sensitiveness, did his infantile relationship to women become clear to him. A central trauma in his life was the separation from a beloved woman through external circumstances. It greatly intensified his depression and was the obstacle to his recovery. The relation to this woman was by no means harmonious and was above all very much impaired by his sexual disturbances. Nevertheless, he could not get over this separation. But his longing for this woman was not a man's yearning for a lost love, but—and that became clearer to him in analysis—a child's longing for his mother. He experienced the separation from his mistress as a repetition of the trauma which influenced his childhood so decisively—the separation from his mother. To be abandoned by the beloved meant to him to be torn away from a warm body, to which one can nestle, which means protection, nearness, shelter. And whenever he thought of his beloved, the aim of his yearning, the lost paradise in his imagination, was always the breast. In this phase of analysis he experienced with all the distinctness that could be desired the longing for the breast. When he watched an infant being fed he was completely absorbed in the scene; he imagined how beautiful this must be—in

short he identified himself with the infant. During this period he preferred the company of elderly ladies, and behaved in such a child-like manner that they, whose maternal feelings he provoked so expertly, really spoilt him. He felt specially happy when this spoiling expressed itself in giving him rich food. And his enthusiasm reached its culmination when he was given the most delicious thing of all: milk.

It is easily described, but it was a hard struggle before the bodily experience of the oral wishes brought the solution of the oral fixation. It is worth while to consider how this happens and what really takes place, and when summing up I shall bring forward a suggestion which seems to throw some light on these mysterious happenings.

The solution of the oral fixation was shewn by a revival of the genital impulses with a vigour which the patient had scarcely ever experienced before. He felt an enormous genital sexual excitement; he experienced in coitus new sensations quite unknown to him before. The patient's incestuous wishes broke through with astonishing distinctness. He felt himself in love with his mother, she, the old mother, seemed to have become young again; he carried a photograph of his mother when young, took it out quite often and looked at it tenderly and lovingly.

The change which occurred in the patient after the solution of the oral fixation was striking. During the activation of his infantile oral wishes the patient had felt helpless, sick, lazy; after they were freed from repression and had turned into genital excitement, he began to flourish, to feel changed and free. He no longer looked upon himself as a helpless infant but as a strong young man. It was interesting to observe the revival of the patient's infantile phallic attitude. During the activation of the oral feelings in analysis the penis was without any libidinal cathexis; he had hardly been aware of it or differentiated it from the rest of his body. After the solution of the oral fixation this was changed. The penis achieved new importance, became the object of childish pride and admiration. In analysis part of the libidinal development took place from the oral stage to the phallic one.

But this newly-won position still shewed all the signs of the infantile one. One could foresee that the first advance towards the phallic stage would revive the old anxieties which had started in childhood during this phase of development, and which formed the centre of the neurosis. Indeed it was not long before the infantile feeling of omnipotence changed into infantile weakness. During the sessions anxiety

arose. The patient was tormented by hallucinations. He saw a fish with luminous eyes, red mouth and sharp white teeth ; he was afraid the fish would bite him. The image of the fish, the fear of it, led to an outburst of rage. He rolled on the couch, uttered inarticulate sounds, kicked about, bit his lips and his hands, tore at his clothing and his hair. Suddenly he became quiet and said : ' One must not be angry with poor mother '. This remark came quite spontaneously, for I never hinted by a word that his terror of the imaginary fish had anything to do with his mother. Neither during this outburst of rage did he feel any aggressive impulses against his mother. As he said these words the repression was lifted for a short time. Afterwards he could no longer understand why he had said them. But now his sadistic impulses broke through in the transference. He phantasied that he gouged out my eyes. Another attack of rage occurred when he remembered suddenly that in his childhood his hands had been tied to his bed because he had an itching eczema on his head which he used to scratch till it bled during the night. This memory plunged him into blind fury because it reminded him of the agonies the itching had caused him. It was clear that this was a screen memory, that his rage related to the suppression of masturbation. It was characteristic of him that he beat himself during this attack, complaining at the same time that his rage could find no object. These outbursts of rage, shaking him, no longer came from pregenital sources. This was no longer the fury of the hungry infant. His rage was now directed against his mother, who seemed uncanny and threatening to him. The tortures of his childhood awoke, when he had longed for his mother and had felt neglected and repulsed by her. His experiencing of sexual desires concerned with his mother brought up the dread he felt of her. Once during analysis he saw his mother's head, weird like a witch, crowned with thorns. Suddenly the head changed into a female genital organ, looking like a terrible wound. He felt such terrible fear of this image, which had come before him like a hallucination, that he cried anxiously and swore this hallucinated genital wanted to do him some harm, to bite him. After this experience his sexual anxieties became intensified, he again felt small, weak and helpless and was troubled by his desire for sweets ; in short he regressed to the stage of oral activity. But this time he understood that he had recoiled from something, that his genital impulses, experienced so intensely, had been vanquished by the terror he felt of women—his mother. This set-back was soon overcome, the repressed phallic-sadistic impulses pressed to the surface.

Now he brought the decisive infantile material into analysis. He remembered his almost fanatical interest in certain stories which had lasted during years of his childhood. Above all he liked Red-Indian stories, adventures of knights. He felt a strange excitement when reading about spears and lances, how the wild Red Indians pierced the bodies of their enemies with their lances. He enlarged these stories in his imagination, put himself in the place of the wild Indians and revelled in imaginary battles and the joy of stabbing. He remembered having been fascinated by the pierced lobes of his mother's ears just at that period of his childhood when he delighted in stories and pictures about warlike Indians and daring knights. He wondered very much how this had happened, and who had pierced his mother's ears. Another detail of this phase of his childhood deserves mentioning, viz. his admiration for fish, especially eels. At this time he lived on a lake and often had opportunities of seeing eels; he used to watch the sleek supple twisting bodies with enthusiasm, even with a sort of loving admiration. The phantasies of stabbing and piercing, the interest in his mother's pierced ears, the admiration for eels occurred between his fourth and fifth years. Then there was a gap in his memories, and what he remembered after belonged to a later period, his seventh or eighth year. At that time he used to prick himself, in the lobe of the ears, the nostrils, the prepuce, till he bled.

From this material the probable development in childhood could be reconstructed. In the phallic phase his impulses and phantasies were particularly sadistic. The active phallic-sadistic impulses had to be repressed, they could not be directed towards an object, for the object of his phantasies was his mother. The active object-directed sadistic impulses were transformed into passive masochistic ones, turned against his own ego. What had taken place during childhood on an erotogenic basis repeated itself later on a moral plane.

The repressed acts of aggression having been turned against the ego, self-punishment took the place of stabbing, and in this moral masochism the libidinous part still betrayed itself in the distinct pleasure he took in self-torment. It is true the masochistic mechanisms were over-determined in the general picture, they had yet other sources.

This construction of his infantile development would have remained hypothetical if analysis had not succeeded in reawakening the past. During the last phase of the analysis, which brought the final solution, the whole picture of the neurosis was recreated. Anxiety was intensified, the feelings of guilt reappeared and masochism raged anew. But

now the connection between his neurotic reactions and this decisive phase of infantile development could be established.

Above all I could easily trace the functional relation between unconscious aggression, feelings of guilt and masochism. While his dreams shewed the increase of phallic sadistic-impulses his feelings of guilt became infinitely stronger. He went about like one who had committed the worst crime, he started violently when suddenly addressed, he dared not look his friends full in the face. At the same time masochistic reactions, such as a tendency to self-punishment, appeared; the masochism expressed itself in self-reproach, self-contempt, and the tendency to self-punishment in the refusal to accept the help of the treatment. He reiterated that he was a lost soul, affirmed that nobody could help him, that he did not even want to be helped. He developed his favourite phantasy which he always kept ready during his masochistic period, namely that he wanted to withdraw from mankind and to perish somewhere in misery and loneliness. I ought to mention that at this period he did not consciously feel any aggressive impulses, but was in a completely lethargic state, incapable of any activity. Analysis had to try and lessen his feelings of guilt, to interpret his masochism as a defence against object-directed aggressive impulses; he had to be encouraged actually to experience his aggressive impulses. The analysis of the feelings of guilt was effective; without any direct interpretation of his phallic-sadistic impulses, the repressed impulses advanced more distinctly step by step; the symbolic disguise disappeared and the original phantasies and intentions could be experienced consciously. The decisive breaking through occurred when a violent excitement took hold of him one night. He had a feeling that his penis was of iron, he poked and stabbed with it in the bed, he wallowed in blood in his imagination and his wild vandalism turned into voluptuousness. He felt quite distinctly that he wanted to attack his mother with his phallus. After this outburst he was quite changed; he ceased to go about with a guilty conscience, he was no longer afraid and once again he enjoyed life.

Becoming conscious of the phallic-sadistic impulses meant the overcoming of his dread of sexuality. Let us once more look back at this last phase of the analysis. The solution of the oral fixation brought at first an immense feeling of relief. But the advance to the genital position could not yet be maintained. The analysis had first to uncover those anxieties which, acquired in childhood, had continued to exist unchanged; the repressed sadistic impulses, which had led to

continual anxiety and burdened every sexual impulse with deep feelings of guilt, had to become conscious.

The immediate consequence of the neurotic process could be observed here with unusual distinctness. The newly-cathecticized genital position reactivated the old conflicts of childhood. His inner situation was—though with essential differences—at the height of infantile sexuality, like the one in infancy. After the solution of oral fixation he was filled with new force, with infantile pride in his penis which again received all his attention and all his interest; but when he wanted to try his forces he became as though paralyzed and met with insuperable difficulties. He felt himself to be in the same situation as in childhood, and reacted accordingly. At first there was diffused rage, still without object, when he said: 'One must not be so angry with poor mother'. I understood from the analytic connection what took place in him. For just then he brought out the screen memories of his struggle for masturbation; and the rage he experienced in analysis was evidently directed against his wicked mother who had forbidden that pleasure. At the same time the disappointment of the Œdipus-situation was revived, which he had felt more intensely on account of being an only child. He felt betrayed and abandoned by his mother, and watched his parents' sexual life with envy, rage and a feeling of painful impotence. The fury against the mother did not at first become conscious in analysis; the feelings of guilt appeared, the old conflict between love for and hate against the mother once more was present. He then experienced fear of his mother, more precisely of his mother's genital. A deeply repressed image arose with hallucinatory distinctness. The mother was not only the kind, well-known, comforting parent, but also a weird threatening witch, whose genital contained terrible dangers. This unconscious fear of his mother he transferred to all other women, and this fear was one of the reasons for his sexual disturbance. Only when we arrived at this point did his phallic-sadistic impulses become conscious after obstinate resistance. Becoming conscious of these impulses demolished the feelings of guilt, freed his sexuality and afforded the libido a discharge which had not existed before. The obstacle which the libido had never been able to surmount, and which had urged it into the oral position, was overcome. The re-experiencing of infantile genitality, with all its neurotic burdens, brought about the solution of the fixation to the mother, and with this the essential conflict-matter of the depression was exhausted. And yet analysis had left one possibility open by which the depression

might be recreated. It is easy to see from which side a new flaring-up of the neurosis might be expected; the father-relation had not yet been quite worked through.

After the great sense of relief, relapses, though of a milder nature than his former depressions, occurred. Although he was no longer sexually inhibited, he was not able to find a partner. For this his clumsiness was certainly to blame. After such a long neurotic separation it was not easy to become a member of ordinary human society. This fact was quite comprehensible. This alone was not very strange. The unfortunate thing was the way in which he reacted to these disappointments. He again developed depressions, relapsed into his former passivity and his melancholic expressions that he felt old, that his hair was coming out, his bones were weak, his brain did not work, he kept forgetting things, committed blunders—no wonder that no woman wanted him. Freud's discovery that the melancholiac's self-accusations are meant for the introjected object was easily discerned in this case; for what he said about himself was contrary to reality. He was not at all physically weak and ill, but an exceptionally strong, healthy and robust young man. But his father, the old man, was ill, old and decrepid. He had again identified himself with his father, with the castrated father. This identification had appeared often enough in analysis, but only now became accessible to the patient's understanding. As long as his genital impulses could not advance because he was entirely involved in pregenital feelings, and because his genital impulses were suppressed by anxiety and feelings of guilt, he was incapable of actually experiencing the assumptions, the connections necessary to understand the procedure of identification. From the beginning it could be felt in transference that the patient saw in the analyst his father, and therefore felt him to be sometimes superior, sometimes threatening; he feared and hated him. But for a long time the transference-situation was too ambiguous, the central hate originating from the Œdipus-situation was covered by the ambivalent oral father-relation and by the infantile love demands. After the solution of the oral fixation, after he had experienced and mastered his fear of woman and the feelings of guilt which had paralyzed his genital activity, and when his interests and his ambition had a genital aim—then only did the relation to the father on the phallic level come into the analysis. Now the transference-situation was clearly ruled by phallic envy and genital inferiority-feelings. At first he reacted to the disappointment at not finding a partner with a relapse into depression.

The background of its origin was disclosed by a dream. He dreamt of a battle where he had fought next to me—I was his general. Though he belonged to my division our relations were not friendly. He noticed suddenly and with fear that something was wrong with his rifle ; it was an old and damaged weapon. He felt the more aggrieved because he discovered that my rifle was especially imposing and brand new. The dream is clear enough. The frustration he experienced in his sexual attempts activated his genital inferiority feelings. As in his childhood, when he felt small compared to his father, when the sight of his father's penis overwhelmed him, and a competition with his father for his mother's affection seemed so hopeless, he responded now to his failure with women with the feeling that he lacked something, for he made no impression on women. The revival of his feelings of genital inferiority stirred his castration-wishes, his fury against his father's big penis. He again had outbursts of rage. In analysis he was tormented by a kind of hallucination ; a gigantic penis which looked like a black pudding cut in slices. When he saw a Japanese picture representing a harakiri he was sick. He became anxious again, afraid of injuries, and his depressive complaints intensified. He was ' the old man ' again. He had become once again the victim of the melancholic process, his feelings of aggression were turned against himself, against the introjected object in the ego. Only the conquest of this last relapse into depression brought real recovery. The castration-impulses became conscious in the transference. He was aware of still being in the power of his infantile impression of his father's penis, which had seemed to him so powerful. This discovery brought about the solution of the transference. He ceased to expect infantile encouragement from me, but relied on his own strength ; now he also succeeded in finding a partner, and the happiness of real sexual satisfaction abolished the sexual inferiority feelings. His self-confidence became resistant and not so easily impaired by the inevitable frustrations of life.

III

In his remarkable essay, *Mourning and Melancholia*, Freud has made clear what takes place in melancholia and neurotic depressive states. He discovered that the neurotic's self-accusations were really directed against an object which had been incorporated by identification into the ego. He taught us to understand this identification as a process introduced to save the love for an object abandoned because of the real disappointments it inflicted upon the ego. This identi-

fication enables the ego to find in itself the lost object or, to be more exact, some qualities especially observed and appreciated. The altered ego, having assimilated the abandoned object, feels towards itself the same emotions it had felt towards the object. With the melancholiac these feelings, according to his special ambivalence, always represent a mixture of love and hate. The hate against the object manifests itself in self-accusations, the love on the other hand in the obstinacy with which he adheres to the identification and in the emphasis on narcissism with which he exhibits it. As Freud puts it : ' In melancholia innumerable separate struggles are fought for the object, in which love and hate fight each other, the former to detach the libido from the object, the latter to maintain the libido position against that assault '.

As regards the treatment of depression, the following discoveries of Freud are of the greatest importance. The melancholiac has directed certain sadistic tendencies away from the object and towards himself, he has repressed his hatred for a love-object so significant for him through innumerable connections, and he has fallen ill as a consequence of this unconscious hatred. If nothing more had been written in psycho-analytical literature than what can be found in *Mourning and Melancholia*, this paper alone would give us the essentials necessary for its successful treatment.

Abraham continued the investigation into melancholia. He has shewn with convincing clinical material the importance of the oral fixation and of the pregenital instinctual impulses as a whole, as well as certain characteristic peculiarities in the melancholiac.

Rado's essay, *The Problem of Melancholia*, shews very clearly the characterological general structure which we are accustomed to find in depressive types ; they are apt to suffer from fits of depression or melancholia caused by frustration. Rado disclosed the narcissistic structure, and the particular dependence of the self-confidence on the objects. This dependence implies the repeated attempts of depressive types to maintain their self-confidence through a narcissistic supply from outside.

Rado's work makes it clear in what manner the oral trauma of the infant age influences the later development ; he is certainly right when he says ' the deepest fixation-point of the melancholic (depressive) disposition is to be found in the " danger-situation of the loss of love " even more so in the hunger situation of the infant.' ' The real importance of oral happiness as well as of oral privation is only made compre-

hensible by a new interpretation of the conception of "oral".' The infant at the mother's breast has complex feelings which are doubtless undifferentiated while experienced. Only by an act of imaginary dissection can one distinguish their several aspects. The pleasurable stimulation of the buccal mucous membrane is only one factor in it, the very essence of oral erotism. Inseparable from it is the pleasurable contact with the skin, the comfortable feeling of warmth emanating from the mother's body. The need to be touched, to be warmed, calls for an object. Even with the infant these demands are directed towards an object. Specifically oral pleasure arising in stimulation of the buccal mucous membrane can be satisfied also auto-erotically, but at the mother's breast the infant experiences satisfaction the completeness of which is due to the concurrence of several elements. The existence of object-directed demands in the infant does not mean that there already exist in him conceptions of an object. We do not know when the real finding of an object occurs, when an object develops from the diffused bodily experiences of the infant; we can only reason that when a child shews by every sign of joy that it recognizes people in its environment the finding of the object is already attained. Even during the first year of its life it is obvious that the mother becomes an object for the child; that it expects more and more from the mother the gratification of its wishes.

Rado emphasizes, it is true, that the pleasurable stimulation of the oral zone does not form the whole of the oral libidinal gratification, but he holds that the climax of this enjoyment is to be found in the invisible part of the event which he calls 'alimentary orgasm', and considers it as the forerunner in the evolution of the later genital orgasm. It seems to me that the conception of the alimentary orgasm is based on correct observations, but that Rado greatly over-estimates the importance and range of his discovery.

The importance of the oral experience in infancy lies in my opinion in the mother-child relationship, the bodily nearness, the most intimate touch the child experiences with its mother. It is this quality which accounts for the incomparable importance of oral erotism in later object-relations. The specifically oral pleasure is only one factor in the experience satisfying the infant's need for warmth, touch, love and care.

Clinical experience shews which part of the construction of depression belongs to those infantile demands. The depressive type longs for shelter and love, and for the warmth of the mother's protecting body.

But his libidinal desires are mixed with aggressive tendencies, the reactions to disappointments. His longing to be loved is too immoderate, too narcissistic; therefore it cannot be gratified. But disappointments activate his equally immoderate aggression which then must be warded off by the ego. The aggression is turned towards the self, towards the introjected object in the ego. The depressive type cannot break through this neurotic circle, which is repeated again and again—infantile demand—disappointment—ensuing rage and aggression, because the only way to a libidinal object-relation in which the pregenital instinctual demands could also be satisfied is barred to him; such a way would open a genital love-relation. The kernel of the neurosis, the centre out of which the neurotic mechanisms are revived again and again, is the neurotic anxieties, the repressed sadistic-genital impulses which account in the end for the oppressive feelings of guilt.

The construction of depression shews the way analytic technique has to follow. According to Freud's technical rule, analysis must always proceed from the surface into the depth. The oral fixation is only accessible to analysis after consistent making conscious of the characterological peculiarity and the narcissistic structure. Here two mistakes may easily be made. Either one tends to be satisfied with repeated reference to the characterological contradictions, and then to relate these peculiarities with the oral erotism, or one interprets too soon and with too much emphasis the deeper layers, the unconscious libidinal or aggressive impulses. The correct technical procedure must be to develop the repressed and to recall it. Also the essential character-traits are hidden and can be dealt with only after analysis has really broken down the defence. At first the neurotic character-traits must thus be worked upon and then analysis must penetrate to the libidinal basis of the characterological structure. It is not sufficient to explain to a patient that behind his immoderate desire to be spoiled and preferred to others there are unconscious oral wishes, but analysis must try to bring about his plastically experiencing these wishes. Such an experience is always accompanied by the appearance of bodily sensations, by violent affects and by great anxiety.

The truth and importance of psycho-analytical discoveries are most impressive when we have succeeded, without direct interpretation, but by consistent work on the defence, in helping the repressed material to break through. This not only gives us a real insight into the dynamics of the libidinal processes but—and this is the important point—we succeed in getting a firm grasp of the neurosis and conquering

it through systematic technique. The surgical security of the analysis is then really attained. The solution of oral fixation in depression is one such technical triumph. A point is reached in the analysis when one has succeeded in making the patient experience the deeply repressed oral wishes and feelings of aggression. The solution of the fixation announces itself by the sudden occurrence of genital excitation. It is this shooting forth of new tensions, the re-awakening of passions vanished long since, which proves that a solution has taken place, that the ego has freed itself from the power of an unescapable compulsion.

What does really take place? How are we to understand this solution? Oral erotism is the favourite fixation-point in the depressive. After the break-down of infantile genitality the libido regresses to the oral stage under the pressure of the Œdipus-situation. In the depressive types neurotic oral functions like eating are sexualized and the sexuality is bound principally to oral conceptions. In the depressive and melancholic type oral erotism stands much more by itself, the regression is much more complete than in hysteria, where the oral functions and impulses are combined with genital ones. But in the depressive type also the connection between oral and genital impulses is not quite severed. In the obsessional neurotic the Œdipus-complex is represented principally in anal and sadistic ideas, and only becoming conscious of these impulses allows the more deeply repressed phallic ones to appear. In the depressive type the oral wishes and feelings of aggression form the upper layer which must be repressed in order to suppress the whole sadistically tinged sexuality attached to the Œdipus-situation. Consciousness of the oral wishes brings the other repressed material with it. Experiencing the oral wishes means at the same time becoming conscious of the object towards which these wishes are directed. It seems to me that the solution of the oral fixation is attained less by the adult neurotic becoming conscious of his infantile wishes, and being thus able to resign these wishes which he now recognizes as infantile, than by his consciousness that he desires the breast—that is to say—the mother; and having become aware of this, the infantile wish to nestle close to the mother, the longing for the warm caressing body of the mother, arouse also those dark and ardent wishes of a later time of childhood when he fell passionately in love with his mother. Consciousness of oral wishes turns into genital excitement. That is why the actual experiencing of oral wishes in analysis brings with it genital sensations. The solution of the oral fixation is therefore attained if one succeeds in making the patient

experience the repressed oral impulses, for this experience does not stop at the oral aims, but activates the genital object-relation of the Œdipus-situation.

But is not this progress only typical for the man ? For only with him is the mother at the same time the object of oral and of genital trends. But the female case which I described shewed something similar. There again consciousness of the oral wishes awakened genital sensations. With her the father was the aim of oral as well as of genital wishes. After being disappointed in her mother she turned her desires to her father, as we have seen. Such a transference of the oral demands to the father following a disappointment in the mother seems to be very general in my experience.

Next to the solution of oral fixation the most essential technical question in the analysis of depression is the making conscious of aggression. The knowledge that self-tormenting represents the fate of an instinct, i.e. the turning of a tendency away from an object and towards the ego, is not of immediate use in the technique. Since the development of ego-psychology, since the days when the theory of the super-ego and of the need for punishment have played an important part in analytical literature, many analysts have entertained hopes of success from giving the interpretation that the self-tormenting of the depressive type is an expression of his need for punishment. It must be stated, however, that such an interpretation by itself always remains unsuccessful and cannot bring the patient real relief. Such an interpretation does not abolish the repression, does not help the patient to experience his repressed impulses, and thus to recognize the source of his feelings of guilt. What Freud says about transference-phenomena in general, namely that though they cause the analyst great difficulties they are the supporting element of treatment, ' for . . . after all nobody can be killed in their absence or in effigy ' (*Zur Dynamik der Uebertragung, Ges. Schr.*, Bd. VI), is equally valid for the unconscious acts of aggression. The interpretation of the aggression is not the essential part, but the abolishment of the defence, which causes the patient to experience his feelings of aggression in reality. There are also with regard to acts of aggression many layers, many interpretations. It is the task of analysis to make conscious that centre of the feelings of aggression to which the feeling of guilt is mostly attached. This is always the aggressive impulses originating from the central conflicts of the Œdipus-situation. I hope I have succeeded in shewing by detailed description of analysis how this working out of the aggression

layer by layer takes place. In the first case it was necessary to analyse the obsessional character, the great reserve and the rigidity, before the repressed anal-sadistic impulses and especially the oral-sadistic impulses became conscious, which represented in that patient the kernel of Œdipal aggression. In the second case the loosening of the harsh super-ego, the disclosing of the sadistic intentions perceptible beneath the manifest masochistic attitude, led at first to diffused outbreaks of rage, and only after the solution of the oral fixation did the phallic-sadistic impulses appear which had formed the central stratum of the repressed aggression.

At this point it would be necessary to consider the problems: Primary Masochism—The Need for Punishment—which have greatly occupied the interest of the analytical world, and have aroused so many passionate discussions since the appearance of Freud's *The Ego and the Id* and *The Economic Problem of Masochism.* But to go into those complicated problems of analytical theory would exceed the scope of this study. Clinical experience shews in any case that unconscious feeling of guilt is always based on unconscious aggression. In melancholia we find a particular mechanism specific for this aspect of illness, the turning of the feelings of aggression towards the introjected object in the ego. The therapeutic mastery of the masochistic raging against the self is achieved when analysis is able to make the patient experience the unconscious feelings of aggression, to penetrate to the very kernel of the aggression, which originated in the Œdipus-situation and is associated with the sexual phantasies of that time. These phantasies, these unconscious impulses, burden the sexuality with feelings of guilt which in their turn make the repressions necessary. We see in analyses the feelings of guilt and masochistic reactions vanish when the acts of aggression become free. This relief, always present when unconscious feelings of aggression break through, is none the less only transitory. The lasting freedom from the feelings of guilt and from the neurotic reactions provoked by these feelings is brought about only at the end of the analysis through the real overcoming of the neurosis. The neurosis ends when one has succeeded in mastering the genital anxieties, the feelings of guilt oppressing the genital impulses, and when the capacity of experiencing genital life and object-relations to the full, and without ambivalence, is re-established.

A CONTRIBUTION TO THE STUDY OF SLIPS OF THE TONGUE

BY

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In *Psychopathologie des Alltagslebens* and *Introductory Lectures on Psycho-Analysis* Freud described the fundamental mechanisms which operate in parapraxes. From the study of errors he transferred his researches to other fields of mental life, giving his reason for choosing a new scene for his activities as follows: 'Nor do I think that we could discover these unknown circumstances by penetrating further into the study of errors. It will be necessary first to examine thoroughly yet other obscure fields of mental life: only the analogies to be met with there can give us courage to form those assumptions which are requisite for a more searching elucidation of errors'. (*Introductory Lectures on Psycho-Analysis*, p. 53.)

Since the time when these words were written, very considerable progress has been made through the work of Freud himself and of his followers, and so I think it may not be inopportune to turn our attention once more to the study of slips of the tongue and view them in the light of the knowledge derived from our researches into the neuroses.

Since Freud published his discoveries, it has been realized that, when we examine the phenomenon of parapraxes, we must distinguish between the conditions under which it occurs and its actual causes. These conditions were described by Federn in a paper entitled: 'Die Ichbesetzung bei den Fehlleistungen' (*Imago*, 1934).

In the present essay I propose to deal only with the *causes* of errors and I would preface my remarks with a quotation from Freud (*Introductory Lectures on Psycho-Analysis*, p. 48): 'We said that errors result from the mutual interference of two different intentions, of which one may be called the intention interfered with, and the other the interfering tendency. *The intentions interfered with give rise to no further questions*'.[1]

In the light of the discoveries made during our study of the neuroses it may, perhaps, also prove interesting to examine the intention interfered with. First, let me remind my readers that, as we know, not

[1] The italics are mine.

every suppressed, i.e. interfering, tendency produces an error. On the contrary, we are quite often able to condemn and reject tendencies which for one reason or another are not acceptable to our personality as a whole. Why is it, then, that a tendency enters consciousness, is rejected and then recurs in the form of an error or else, without coming into consciousness at all, makes its appearance in that guise? The quantitative factor might seem to afford the simplest explanation but, before we decide, let us examine the matter rather more closely.

In order to do this, let us turn our attention to the *apparently harmless* intention, always conscious, which Freud calls the intention interfered with and which has hitherto escaped examination. Freud gives an example of a shy young man who asks a lady if he may *insort* [*begleitigen*] her. Here the intention interfered with was that of escorting [*begleiten*] her. This harmless intention was interfered with by the sudden up-rush from the id of an aggressive wish to *insult* [*beleidigen*] the lady: the word *insort* [*begleitigen*] represents a compromise between the two tendencies. Now if we try giving this interpretation to our patients, so as to demonstrate by this example their suppressed unconscious aggressive tendency, we sometimes note in them a strange reaction. Provided that a patient accepts the interpretation, we should anticipate that it would rouse in him a sense of guilt and that he would begin to be ashamed of his own aggression. Instead, it sometimes happens that he counters our explanation with the question: 'Was it really such a harmless intention?' If we think of those of our patients who are specially shy and who might easily make such a slip of the tongue, we realize that perhaps the intention really did not seem to them very harmless and we recollect that some of them have referred to moral standards and to public opinion and tried to convince us that it was really a good thing that the young man's intention of addressing the lady was frustrated. These patients did not hesitate to give their reasons for regarding the interfering tendency as highly laudable—the tendency which we had thought of as aggressive and therefore prohibited. Some of them even went so far as to say that it represented their 'better self'. It looks as if our interpretation, which brought into our patient's consciousness a hitherto unconscious tendency, had had a most mischievous effect. Instead of helping to cure him by substituting for his unconscious defence the process of conscious condemnation and subsequent sublimation, what we have done is to cause him to affirm the tendency against which he was trying by a

defective (neurotic) mechanism to defend himself. Considerations of space forbid me to discuss in detail these problems, which are connected with the theory of perversion.[2] I must content myself with stating that, while *we* interpret the aggression as an id-tendency which escaped the censorship in a slip of the tongue, these patients on the contrary regard the aggressive impulse as serving the purposes of the super-ego. We know that the reference here is to the unconscious part of the super-ego and that the interfering tendency that appears to us to arise from an over-severe morality derives its severity from the need to repudiate infantile wishes. . . . A thorough analysis of the case I have taken as an illustration reveals that, besides the conscious intention of escorting the lady, there was an unconscious wish to abuse her by making her the object of infantile forms of gratification. We conjecture that in this particular case the harmless intention was by no means harmless : the proposed action had to be negatived because in the unconscious another significance was attached to it. So far, our attention has been focussed on the interfering tendency, and this is all the more reason for examining the intention interfered with. In scrutinizing it we must certainly not be content with the conscious wording but must try to interpret this first. We shall then find that, behind the conscious, harmless meaning, there lurks an unconscious, prohibited, instinctual wish, seeking for gratification. But the super-ego proves more vigilant than the ego and, by the timely appearance of the interfering tendency, prevents such gratification.

If this statement is correct and applies, if not to all errors, at least to a particular group of them, we can understand how it was that in our illustration the interfering tendency did not remain in consciousness and, by simply condemning the intention interfered with, get rid of it. If the interfering tendency (to insult the young lady) was to be a conscious purpose, taking the place of the intention interfered with, the young man would have to justify it before the tribunal of his reason and prove that, though gross, it was yet better than the latter intention. (Instead of *begleiten* = to escort, we should have had *beleidigen* = to insult.) If we put it this way, we see that the mechanism of slips of the tongue resembles that of neurotic symptoms even more closely than we thought. In respect of its unconscious significance the intention interfered with corresponds to the prohibited, infantile, instinctual

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[2] Cf. my ' Zur Theorie und Klinik des Perversion ', *Jahrbuch für Psychologie und Neurologie*, Bd. 50, S. 255.

wish, while the interfering tendency represents the unconscious part of the ego, which, at the behest of the super-ego, sets up a defence, by a process of anti-cathexis. In this case the anti-cathexis took the form of a mobilization of aggression.

Like neurotic symptoms, errors represent a compromise between two tendencies. That this is so, however, is not nearly so clear if we take into account only the conscious meaning of the intention interfered with. In fact, we can hardly speak of a compromise here : most often there is a complete miscarriage of the conscious intention. But, if we consider also the unconscious significance of the intention interfered with, we realize that the young man's slip of the tongue gratified at one and the same time his active and passive scopophiliac wishes, his aggression and his psychic masochism.

In this instance the prohibited impulse was warded off by aggression, but there was a further process : the sexual instinct concerned was turned inwards. This process is well illustrated by the following example. At a banquet the assistant of the guest of honour rose to propose a toast. He called upon his fellow-guests to *hiccough to* [*aufstossen*], instead of to *drink to* [*anstossen*] the health of his Chief. We draw the conclusion that he was utilizing his harmless intention of drinking his Chief's health to gratify passive feminine and scopophiliac wishes. The result was that the unconscious part of the ego put up a defence. Instead of doing honour to his Chief, alluding to his valuable services and assuring him of his own devotion, he produced the very opposite effect by his slip of the tongue. The spirit of the evening was ruined and the attention of the guests was focussed on the assistant instead of on his Chief.

Obviously these two examples merely serve to illustrate our argument and our interpretations are of the nature of conjecture. In neither case was it possible to analyse the slip of the tongue : what I have suggested cannot be taken as evidence of the correctness of my thesis. I have, however, such evidence in the following examples, which occurred in the course of my analysis of patients.

Patient A. said : ' When we have paid my wife's outstanding liabilities [*Aussenstände*] ', correcting himself : ' her debts [*Schulden*] '. Analysis led to the following result : the word *debts* was suppressed because it might have served to gratify the patient's aggressive impulse against the analyst : ' We are *indebted* to you [*du bist daran Schuld*] for my wife's *debts* [*Schulden*], since she has had to give you money for her treatment '. The words *outstanding liabilities* indicated in the first

place the turning of the aggression against the patient's self; he also had incurred debts and had not paid them but, instead, had lent money to a friend. In this way he avoided a feeling of guilt [*Schuldgefühle*] about his debts [*Schulden*], until analysis destroyed this mechanism. *Outstanding liabilities* signified an aggression against the patient himself, because they reminded him of this disagreeable episode. Secondly, a sexual fusion of instinct (anal in character) was mobilized. From this angle the expression *outstanding liabilities* [*Aussenstände*] signified that his wife, though she had certain inconsiderable debts, was a woman of comfortable means. From the point of view of consciousness the intention interfered with, namely, the payment of debts, was certainly a harmless matter to talk about. It was only from the patient's associations that we recognized that the word '*debts*' might serve another purpose—the gratification of a prohibited aggressive tendency. He wished to point out to the analyst that they were indebted to *him* for these debts, since he had been treating the patient's wife for a long time and they had had to expend a great deal of money. We see then that the word *debts* embodied not only the conscious, harmless tendency, but also an unconscious, aggressive impulse emanating from the id.

In order to repel this impulse or at least to prevent its gratification by the pronouncing of the word *debts*, the unconscious part of the ego set up a defence. This had the effect of turning the aggressive impulse inwards against the patient's self; the word *debts* [*Schulden*] was replaced by *outstanding liabilities* [*Aussenstände*]; instead of the analyst it is the patient who is accused. But the defence consisted not only of the turning-inwards of the fused instincts. There was a change in the quality of the instinct, as well as in its direction. In place of and side by side with aggression there appears sexuality. For the phrase *outstanding liabilities* had a pleasant as well as a disagreeable significance, it reminded the patient of some property owned by his wife in an *outlying* district of Vienna [*ausserhalb Wiens liegend*]. The pleasure associated with this thought partook of the anal quality of the sexual fusion of instincts. Hitherto, when examining slips of the tongue, we have distinguished two tendencies only: a conscious, harmless and an unconscious, prohibited tendency. Now, however, we must take into account three such tendencies: (1) a conscious, harmless tendency, (2) an unconscious, prohibited tendency, emanating from the id and (3) another unconscious tendency which, though it seems to be prohibited in comparison with the con-

scious tendency, does not proceed from the id but serves the purposes of the *unconscious part of the ego*. Interpretation on our customary lines would have been that the phrase *outstanding liabilities* embodies an unconscious impulse emanating from the id and suppressed by the ego.

A patient whom I will call B, having accepted a certain interpretation, said, 'You may be'—then, correcting himself: 'You *are* right'.[3] He had just told me that on the previous day he had had a reconciliation with his wife and that, since then, she seemed a totally different person—her hardness had melted away and she was gentle and amenable. The effect of this incident was to depress him, a fact which he explained by saying that the change in his wife would not last. I doubted whether this was the true explanation and gave it as my opinion that her change for the better was itself the cause of his depression. Hitherto, he had gratified his aggression by means of an inner [4] identification with her; now he could do so no longer, and his aggressive impulse turned in upon himself. At first, the patient disputed the correctness of this interpretation, but finally his associations forced him to admit that I was right. It was then that he made the slip of the tongue, which I have quoted above. The phrase *You are right* was suppressed because unconsciously it signified a gratification of the patient's passive-homosexual attitude to the analyst [*er hat immer Recht = he is always right*].[5] The phrase *you may be right* [*Sie dürften Recht haben*] signifies in the first place a change in the direction of the wish: *it is open to you, I permit you, to be right.* The prohibited passive attitude was thus replaced by the active one. Secondly, the aggressive instinctual impulse was mobilized as an anti-cathexis: the phrase *you 'may be' right* signifies then 'perhaps you are right, but it is not certain, for even you may make a mistake'. The conscious, harmless intention interfered with here was: *you are right* [*Sie haben Recht, v.* footnote [5]]. But the word *haben* [= to have] had a second significance: it gratified an unconscious, homosexual wish emanating from the id. The word *dürften* [= probably you may . . .] was substituted in order to serve the purpose of the interfering tendency, which had its origin in the unconscious part of the ego.

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[3] [*Sie dürften . . . Sie haben Recht.*]

[4] Cf. my paper, 'Triebschicksal und Triebarbeit'.

[5] [*recht haben = to be right* is in German literally *to have right* and may suggest the phrase *das Recht haben . . . = to have a right to . . .* (*v. infra*). —*Translator's note.*]

Patient C., a young physician, was on one occasion standing at a patient's bedside and taking notes at his Chief's dictation. During his examination the senior doctor touched the other with his head and the latter failed to get out of his way immediately. After the examination his Chief half-humorously reproved him for this. The young physician recounted this incident to me in analysis and said ' That was a little piece of subordination on my part ' [*' Ich habe da eine kleine Subordination begangen '*]. I pointed out his mistake to him and he corrected it by saying *' insubordination '* [*Subordinationsverletzung*]. Analysis of his slip gave the following result: the word *insubordination* was suppressed because it signified a gratification of his unconscious aggression against his Chief.[6] The word *subordination* was a defence and signified in the first instance a turning of the aggressive impulse against the patient's self. His family often made fun of him because he made mistakes in using foreign words. In substituting the word *subordination* [*Subordination*] for *insubordination* [*Subordinationsverletzung*] he was indicating that his family was right in making fun of him. In the second place, the opposite instinct was mobilized. Understood thus, the word *subordination* signified: ' I wish to submit myself in a passive-homosexual sense '. The conscious, harmless intention which was interfered with was ' I have committed an act of insubordination '. The word *insubordination* [*Subordinationsverletzung*] served a second purpose, namely, to gratify an aggressive impulse emanating from the id. The interfering tendency was represented by the word *subordination* which was utilized by the unconscious part of the ego.

Patient D. came to be analysed on account of impotence. Unconscious active and passive scopophiliac wishes played a prominent part in his case. On one occasion he said, ' In order to be able to discuss the *system* ', correcting himself, *' symptom . . . '*. Analysis of this slip of the tongue gave the following result: in the analytic hour the patient was eager to discuss his impotence and reluctant to obey the fundamental rule when the analyst reminded him of it. At first D. maintained that he was concentrating on his symptom because of his strong desire to be cured as soon as possible. It was only after a long time that he recognized that the converse was the case: this concentration was an expression of resistance and he was thereby breaking

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[6] *Den Chef verletzen* = to injure his Chief. *Subordinationsverletzung* = breach of discipline, insubordination.

the fundamental rule and gratifying his aggression against the analyst by thus constantly reproaching him with the failure of the treatment. At the same time the recounting and description of his symptoms satisfied his unconscious exhibitionistic wishes. Hence, in his slip of the tongue he was repelling the apparently harmless word *symptom* because it had a prohibited, aggressive and exhibitionistic significance. The defence was set up by the unconscious part of the ego, the word *system* being substituted for *symptom*. The significance of *system* was twofold: (1) 'I will obey and not speak of my symptom but mention everything that comes into my mind, however irrelevant it may seem, in accordance with the fundamental rule'. (2) 'I will no longer use my symptom to gratify exhibitionistic impulses but will fix my attention on the analyst and the analytical systems'. Before the session the patient had been at a café and had read an article in a medical journal in which the author discussed the various schools and systems of psycho-therapy. The word *system* gratified two instinctual impulses which the unconscious part of the ego was using as a defence: (*a*) an aggressive impulse which may be expressed as follows, 'You have no right to presume on the authority of analysis, seeing that even physicians hold conflicting views', and (*b*) a sexual impulse 'I will obey and work in conformity with the system'. We see that in the first place the originally aggressive instinctual impulse to talk about his symptom in order to annoy the analyst was turned inwards (the patient was himself annoyed because he was no longer allowed to speak of his symptom) and, secondly, it mobilized a sexual wish as an anti-cathexis: 'I will give up my attitude of indifference and fix my attention upon the analyst and his system'.

The originally sexual impulse 'I will use my symptom to gratify my exhibitionistic tendency in relation to the analyst' was in the first place turned inwards 'I will observe the analyst', and, in the second place, an aggressive wish was mobilized as an anti-cathexis 'I will reproach him with the fact that there are so many different systems of psycho-analysis'. Here the conscious intention interfered with was 'to be able to discuss the symptom'. But the word *symptom* had a second significance—it gratified unconscious, exhibitionistic and aggressive id-tendencies. The word *system* represented the unconscious part of the ego.

Conclusions

(1) Analytic investigation shows that, in studying slips of the tongue, it is important to examine the hitherto neglected 'intention

interfered with ', because it has not only a conscious, harmless, but an unconscious, prohibited significance.

(2) In other parapraxes, especially in the case of forgetting, Freud has already discussed the significance of the intention interfered with.

(3) The mechanism of slips of the tongue is as follows: a phrase or word which was to have been pronounced has not only a conscious, but an unconscious, significance, the latter representing the gratification of infantile, instinctual wishes. These emanate from the id and the unconscious part of the ego sets up a defence to prevent their being satisfied. This defence is a twofold process: (*a*) the instinct-fusion which is pressing for gratification is turned against the self, and (*b*) the opposite type of instinct-fusion is mobilized.

(4) In the present state of our knowledge it is impossible to determine whether this mechanism comes into play in all slips of the tongue or only in a particular group of them.

SOME QUERIES ON PRINCIPLES OF TECHNIQUE

BY

M. N. SEARL

The title will already have told something about the relation of this paper to the subject of technique. Unless we adhere to principles of technique we either sacrifice their elasticity for the narrow rigidity of rules, or we are outside the realm of law and order and limited to that of shifting expediency. Most papers on technique give us the opportunity of feeling our way toward such principles in a variety of analytical situations, or give a limited number of rules adapted to a limited number of typical situations. Of English papers James Strachey's [1] brought us nearest to consideration of principles, but only Freud himself has given us principles of technique.

A recent stimulus and help has been Hellmuth Kaiser's paper on Problems of Technique.[2] This paper seems to me to grasp the nettle of difficulty both firmly and promisingly. To whatever extent I differ on some of the side-issues, its main theme, reliance on the analysis of resistances, is in complete and, to me, welcome accord with my own previous conclusions, and is stated with much clarity. As Kaiser has pointed out, Freud has, so far at least, left us with little more than a clear indication that the most promising way to pursue is that of the analysis of resistances. Yet Kaiser's paper, following Reich's in some points, is the first to deal specifically and thoroughly with this subject, however much it may be implicit and occasionally explicit in other work on technique.[3]

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[1] James Strachey. 'The Nature of the Therapeutic Action of Psycho-Analysis'. This JOURNAL, Vol. XV, p. 127.

[2] Hellmuth Kaiser. 'Probleme der Technik', *Internationale Zeitschrift für Psychoanalyse*, Band XX, S. 490. Summary in this JOURNAL, Vol. XVI, p. 368.

[3] In addition to other papers specifically named I may mention :—

Michael Bálint. 'Charakteranalyse und Neubeginn', *Internationale Zeitschrift für Psychoanalyse*, Band XX, S. 55.

Michael Bálint. 'Das Endziel der psychoanalytischen Behandlung', *Ibid.*, Band XXI, S. 36.

Edward Glover. 'The Technique of Psycho-analysis'. Supplement No. 3 to this JOURNAL.

Melanie Klein. 'The Psycho-analysis of Children', *International Psychoanalytical Library*, 1934.

Before we come to any conclusions about correct technique it seems worth while to clear our minds a little about—

(1) the *criteria* of correct technique. For this purpose we have to ask not only what are (*a*) the objective, but also (*b*) the *subjective* criteria.

(2) Then comes the question of *aim* : what exactly do we want our technique to do ?

(*a*) If we answer this question in terms of the *analysis of resistances*, what *attitude* (*b*) to the patient and (*c*) to his material does this imply ?

(3) After some instances of what (*a*) *the analysis of resistances is not*, we should be in a better position to answer a previous question more exactly formulated, i.e. (*b*) *What the analysis of resistances is*, and finally to ask (*c*) Whether it forms the *whole* or *part* of our work with our patients.

(1) Our first query, then, is this : What are the criteria (*a*) objective, (*b*) subjective of correct technique ?

(*a*) *Objective criteria.* I think that any attempt to answer this query should subdivide objective criteria into those applying to (i) a general survey of an analysis, and (ii) current or particular details of analytic technique.

(i) The only satisfactory objective criterion of a finished analysis seems to me to be that of a marked improvement of the total personality, and not of one part at the expense of another : it involves the capacity to retain or quickly regain that total improvement, when tested by the independent facing of difficulties subsequently encountered. But much has to be taken into account, such as the severity of the previous illness and of the subsequent environmental difficulties, before we

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H. Nunberg. ' The Synthetic Function of the Ego.' This JOURNAL, Vol. XII, p. 123.

Melitta Schmideberg. ' Reassurance as a Means of Analytic Technique '. *Ibid.*, Vol. XVI, p. 307.

Melitta Schmideberg. ' Zur Wirkungsweise der psychoanalytische Therapie ', *Internationale Zeitschrift für Psychoanalyse*, Band XXI, p. 46.

Ella Freeman Sharpe. ' The Technique of Psycho-analysis '. This JOURNAL, Vol. XI, pp. 3 and 4 ; Vol. XII, p. 1.

Helen Sheehan-Dare. ' On Making Contact with the Child Patient ', *Ibid.*, Vol. XV, p. 435.

Richard Sterba. ' Das Shicksal der Ichs in therapeutischen Verfahren ', *Internationale Zeitschrift für Psychoanalyse*, Band XX, S. 66.

can well base on the post-analytical state and behaviour of the patient a decision about the general correctness or otherwise of the technique employed in the course of the analysis. It is in some ways still less easy to apply such a criterion during the course of the analysis, before its upheavals have had time to 'settle', although we have the advantages of closer and more prolonged observation.

(ii) It is also difficult to find simple and conclusive objective criteria for details of technique. Quick and superficial improvement often conflicts with a more fundamental change for the better, and the analyst, no less than the patient, has often to do without objective reassurance and trust to the wider-reaching reality principle instead of the more hasty pleasure-pain principle. Even the two generally recognized and often valuable signs of correct technique, the production of more material and increased relaxation, cannot be relied on in all circumstances: and in individual work we cannot expect that this should be so. General applicability would naturally indicate a sphere from which individual variation was excluded. I have known increased production of material due to predominantly unsatisfactory motives, though it is true that such a form of apparent improvement never takes one very far or lasts very long—any more than on the surface do some of the more satisfactory forms of improvement. For example, after I had answered some question to which some other form of response was expected, I have known a patient to settle down easily and begin to talk with comparative volubility and warmth after long periods of hard silence broken only by occasional remarks. But it soon became apparent that the patient was in fact encouraging me to conduct pleasing to her immediate demands, and apparently saving her from the need to encounter the very difficulty which was standing in the way of her progress—the danger of the unsatisfied person. She was saying in effect 'See what I will do to please and satisfy you if only you will please and satisfy me in my own way and at once', implying also, 'I will do nothing you want unless you quickly please me'. But reliance on such a method was two-edged, and left her unable to hope that I would wish to satisfy her unless she satisfied me—and retrospectively that had its difficulties. It took me

a little time to see that in the long run anxiety was rather increased than diminished. This is no argument against the answering of questions in analysis—a point that must be judged on its merits in particular situations. Possibly but for failure to deal suitably with previous questions my answering of this one would have had less significance one way or another. At the moment I only want to illustrate the point that apparent improvement along recognized lines may be deceptive. Among other unsatisfactory motives for marked increase of material may be the desire to divert attention and make a substitute offering. Also the feeling that the analyst has shifted some threatening responsibility to himself away from the patient may be signalized by the production of significant information. In the latter case it is often accompanied by pronounced relaxation.

(*b*) We see, then, that if our immediate judgement of the correctness of technique depends upon behaviouristic observations, and even if it includes the patient's more obvious emotional attitudes, we may be led astray because other essential objective criteria are not immediately available, and may be long delayed. I think all will agree that we can gain the most from our analytical experience for this purpose after long willingness to delay our judgements based on such criteria, or at least to recognize their temporary and *ad hoc* character, and to take the span of months rather than of moments. None the less we can and do develop an ability to form immediately correct judgements; and not only so, but some of that capacity must have been there from the beginning, or we should have been in a state of mental chaos not only occasionally, but every time objective data left us uncertain about the state of affairs in the patient's mind. The capacity of intuition to arrive at conclusions apart from and in addition to a conscious valuation of objective data—or, in analytic terminology, the free working of the analyst's unconscious with his conscious mind, and of these with the unconscious and conscious mind of the patient—has perhaps tended to fall into some disrepute in the outlook of the intellectual and practical man towards such subjects as the one under discussion. This state of affairs cannot, I think, be at all fully accounted for by a high valuation of the conscious compared with the unconscious mind, and of intelligence, which must stand or fall with that valuation—many analysts, indeed, rank consciousness comparatively low in the scale of importance. The disrepute is rather the result of the frequent distor-

tions of intuition by emotional disturbance, and, for analysts in particular, of the understandable concentration of their attention on the repressed and anxiety-laden part of the unconscious. Therefore it seems to me worth while to spend a few moments in asking when we can trust our intuition on the correctness or incorrectness of our technique, or in other words, ' what are our *subjective criteria of correct technique ?* ' The first and obvious answer is, again, Considerable experience and frequent confirmation of the trustworthiness of our intuitions on the subject. But even so, we need to be sure that such a delicate and easily disturbed instrument as intuition is maintained in good working order. And of this we can, I think, have a more rapid means of determination than by waiting for the subsequent confirmation of experience. We may safely trust ourselves if we find that we are readily able to recognize our mistakes and the effect of them, to experience the pain of proportionate regret and to shoulder the burden of doing what we can to repair the harm resulting from them.

(2) In order that our intuitive judgement should be in accord with purposive intelligence, we must try to determine what correct *technique aims at accomplishing*. We need an aim which relates with sufficient elasticity to our pre-conceived ideas, or to our past, and to our own and the patient's future.

Is it the aim of our technique, then, to free the patient's instinctual impulses ? I do not see how the most expert analyst can have such full and precise knowledge of his patient's psyche that he is fitted to decide, against the decision of the patient's own mind, that this can be done in such a way as to better his total position. If our aim were to be the freeing of instinctual impulse we should need to know *all* the factors arrayed against it in order to be sure that our aim was a wise one ; and our closest approximation to such knowledge comes at the end and not at the beginning of an analysis. Obviously too, the need of many patients is to achieve a non-threatening control of instincts which have an apparent autonomy, and in such a case the aim of freeing them is clearly beside the mark, unless, contrary to general parlance, it includes the aim of freeing them from their compulsive drive.[4]

Is it not nearer the truth, then, to say that the aim of our technique is to shew the patient *himself*, to unmask [5] what lies in the depth of his

[4] See Wälder. ' The Problem of Freedom in Psycho-Analysis and the Problem of Reality-Testing.' This JOURNAL, Vol. XVII, p. 89.

[5] See, among others, Joan Riviere, ' Analysis of the Negative Therapeutic Reaction '. This JOURNAL, Vol. XVII, p. 314.

mind ? I think it is, because it leaves with the patient the decision of what he does as a result of his increased vision.[6] Ultimately and fundamentally we can never *make* anyone with the whole of his mind, of himself, do anything against his own wish and will : some part of him always remains in a state of refusal : and it is in accordance with this knowledge which analysis has so definitely impressed on us that we should leave the decision to the patient as part of our deliberate aim, and not make any vain attempt to decide for him.

But even this statement of aim, the unmasking of the mind, leaves, I think, something to be desired. Is it not still nearer the truth to say that we aim at helping the patient to understand not so much even the mask itself as those forces which produce it ?—that is, to understand the dynamics of a situation which prevent him from knowing as much of himself as he needs to know ?

(*a*) In other words the aim of our technique is that *analysis of resistances* which Freud has recommended to us.

' Finally the present day technique evolved itself, whereby the analyst abandons concentration on any particular element or problem, contents himself with studying whatever is occupying the patient's mind at the moment, and employs the art of interpretation mainly for the purpose of recognizing the resistances which come up in regard to this material and making the patient aware of them. A rearrangement of the division of labour results from this : the physician discovers the resistances which are unknown to the patient ; when these are removed the patient often relates the forgotten situations and connections without any difficulty.' [7]

This method Freud contrasts with ' divining from the patient's free associations what he failed to remember '. We cannot therefore doubt that Freud wished to substitute interpretation of resistances for interpretation of absent content.[8]

(*b*) The analysis of resistances seems to me, then, to imply that

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[6] See Freud. *Introductory Lectures on Psycho-Analysis*, p. 220.

[7] Freud. ' Further Recommendations in the Technique of Psycho-Analysis. Recollection, Retention and Working Through ', 1914, *Collected Papers*, Vol. II, p. 366.

[8] On this subject see Alexander. ' The Problem of Psychoanalytic Technique ', *The Psychoanalytic Quarterly*, Vol. IV, p. 588 ; Fenichel. ' Zur Theorie der Psychoanalytischen Technik ', *Internationale Zeitschrift für Psychoanalyse*, Band XXI, S. 78. ; Reik. ' New Ways in Psycho-Analytical Technique ', this JOURNAL, Vol. XIV, p. 321.

the knowledge of 'what' is subservient to the understanding of 'why?', or 'why not?'; and close adherence to this simplifying principle can alone gradually bring clarity and order into confusing varieties of attempts to deal with the patient's material, and can ultimately give us a firm basis from which to proceed. Among the most important of those advantages with which we have long been familiar is the possibility it gives the patient of 'living through' other experiences in a less ill-defined and massive form than in ordinary life, in order that the analyst's understanding may help to define still further and localize them into the form of memory. One may perhaps say that instead of the past situation controlling the patient and re-living *him*,[9] the patient can in this way regain his capacity to re-live his past in this more controllable form of memory. The analysis of resistances interferes with the re-living process only to help substitute this better form of it. Too literal adherence to the 'blank sheet' attitude of the analyst, as well as the difficulties in the way of gaining the best from it, have perhaps tended to its discredit. But in so far as we believe in the 'transference' situation, and in its value as a 'living through' process previous to the correct sorting out of experiences, phantasies and affects, it is clearly of small advantage to forestall this second part by proving to the patient that, for example, the analyst has not some bad quality ascribed to him—though, indeed, to prove that he has it to any serious extent is much worse. Whatever advantages there may be in the analyst's revelation of himself and his qualities, good and bad, to the patient otherwise than in his interpretations [10]—and there may certainly be advantages as well as disadvantages in such a situation—it is obviously impossible to believe that the 'transference situation' and the 're-living' phases can be as clearly distinguished and demonstrated as in the case of reliance on psycho-analytical technique alone. That is, the analysis of resistances makes it easier to distinguish re-living from living, and neither to miss the 'transferred' situations between the patient and the analyst, nor to extend them to include that part of their relation which is the adequate outcome of the actual situation and occasion.

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[9] Cf. the id of Groddeck's formulation. 'Das Buch vom Es', *Int. Psychoanalytische Verlag*, 1920.

[10] See Alice Bálint. 'Handhabung der Ubertragung auf Grund der Ferenczischen Versuche', *Internationale Zeitschrift für Psychoanalyse*, Band XXII, 1936, S. 49–54.

Again, the analysis of resistances, or otherwise and perhaps more clearly stated, the analysis of conflicting processes, is of far wider and more effective reach than any analysis of static content. The answer to the ' why not ' is always applicable to many ' whats ', that is, to a variety of other situations, whereas the interpretation which gives absent content alone does not itself apply to anything but that content, whatever the patient's mind may do about it and whatever changes may result from such an interpretation. Thus one may be able to say to the patient ' This is why you cannot get further with such and such a subject ', or ' This is why you are in difficulties about such and such a situation. You are trying to prevent any results from the very things you are doing or wishing to do ', or ' You are trying to manage the difficult emotions of a particular situation by repeating it with a reversal of rôles. But that leaves the total situation with its difficulties and emotions exactly where it was ' ; or ' Your fear of one extreme of feeling drives you to the opposite extreme, not because you want it, but from fear of the other ', or ' You are in difficulty because you have so far been unable to find a better way than the one you could not tolerate, and have been misled by the feeling, " anything must be better than this " ' ; or ' Your dread of guilt has not yet enabled you to find a satisfactory substitute for guilt ', and so on. The dynamics of the particular situation with which we are dealing have been and are active in many other situations too, and therefore in affecting one we affect many. And one has brought to his notice the fact that we recognize his difficulty and that we can offer a reason not only for it, but for his incapacity to emerge from it ; also one has implicitly indicated the belief that there *is* a more satisfactory way. Not until he finds a good reason for rejecting the way or ways he has hitherto taken by believing in the possibility of better ways, hitherto untried or abandoned, can he desire to find such, or can he be ready to meet difficulties in the way of finding them. The use of the positive transference and the most important element of dependence on the analyst in this case is to establish an interim trust in the possibility of more efficacious and satisfactory ways of dealing with difficulties. It is no longer necessary when such a way has been found. If on the other hand, we say to a patient, ' You are thinking so and so ', ' You have such and such a phantasy ', and so on, we give him no help about his inability to know that for himself, and leave him to some extent dependent on the analyst for all such knowledge. If we add ' The nature of this thought or phantasy explains your difficulty in

knowing it for yourself', we still leave the patient with increased understanding related to a particular type of thought and phantasy only, and imply 'One must know the thought or phantasy first before one can understand the difficulty about knowing it'. The dynamics of the patient's disability to find his own way have been comparatively untouched if the resistance was more than the thinnest of crusts, and will therefore still be at work to some extent and in some form whatever the change brought about by the interpretation of absent content. I remember how a most important and explanatory early memory was once given by a patient much sooner than I could have expected. After a certain amount of talk on his part about his lack of explosive or stormy feelings, I queried, 'What about other kinds of storms and explosions?' This brought references to immediate and past stormy weather, and evidence in various forms that he must be biggest or smallest. Therefore I said, 'I think you are in difficulties about emotional storms because if you have them at all, they must be the biggest of all, and you find yourself in competition with the most tremendous of thunder and other storms'. After a a moment's pause —obviously one of reflective acceptance—he said 'Why do they have to be biggest of all? Perhaps because they must be bigger than any they could call out'. I said 'Perhaps so. You have found at least one reason for yourself'. Immediately and with apparent irrelevance, he began the recall of a previously very dim memory of an experience in his third year, which with its mixture of reality and phantasy (particularly of the apparent threat in loud noise [11]) had very considerably altered his life both materially and psychically. It proved entirely relevant and most explanatory. There was an element of competition with the analyst, but it found satisfactory expression during the hour and in co-operation with the work of analysis. The content came classically after the solution of the resistance, and continued to come for some time, leaving the analyst the work of sorting out the effects of remembered earlier situations on later ones, including the present, so that one was able to do a surprising amount of work in a short time.

A somewhat similar example in another case was the sense of wide applicability in an interpretation of the feeling that a little bad had much power to spoil and bring about the rejection of much good—that

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[11] In passing, I might remark that this phantasy was a reality in other settings.

the patient was applying observations and feelings about the effect of a maggot in food and of spots on clean clothes, table-cloths, etc., to other and psychical situations, where their validity was at the very least not as obvious. Clearly, the analysis of resistances should be much more fruitful than any analysis of absent content.

Another pronounced advantage in the analysis of resistances is that it removes from the analyst the difficult and precarious business of ' dosing ' in determining the amount of anxiety to be aroused.[12] That is left to the working of the patient's own mind in conjunction with circumstances extraneous to the analysis itself, and the test of the amount of anxiety he can bear is—for adult patients—the amount of anxiety-laden thought he has been able to put into words. A correct interpretation about the *reason why* he has not been able to put more into words still leaves the option with him. But to put his thought or feelings into words *for* him is to interfere with the action of a kind of mental sieve, depriving both the analyst of a sure guide about the integrating power of the ego, and the patient of the best form of defence he has been able to adapt to a particular difficulty ; it is therefore one that should be left to him until he has found a better method. By telling him what he has not put into words, whatever the subsequent result, one has not increased but has rather provided a substitute for his own power of verbal expression in the particular instance under consideration. One is saying to him in effect ' You see what your sieve was keeping back—how harmless, indeed how helpful, this piece of knowledge, how unnecessary such rigid sieving ', and one may indeed do much for the patient by such methods. But in addition to its use as an anxiety mechanism the process of discriminatingly sieving his thought may be very useful to him in other circumstances, and we do not want to injure it. In other words, one wants to further a power

[12] Cf. Freud. ' An Autobiographical Study ', *International Psychoanalytical Library*, 1935, p. 74. ' But it is not only in the saving of labour that the method of free association has an advantage over the earlier method. It exposes the patient to the least possible amount of compulsion and never allows of contact being lost with the actual current situation ; it guarantees to a great extent that no factor in the structure of the neurosis will be overlooked and that nothing will be introduced into it by the expectations of the analyst. It is left to the patient in all essentials to determine the course of the analysis and the arrangement of the material ; any systematic handling of particular symptoms or complexes thus becomes impossible.'

of reasonable choice and control rather than either rigid censorship or lack of control between conscious thought and speech as well as between the conscious and the pre-conscious, and the pre-conscious and the unconscious. And the quickest and surest way to this end is to shew good reason, however misapplied, for its previous use rather than unreason.

(*c*) To carry a little further our enquiry into the analysis of resistances we may usefully ask *what attitude this implies towards the patient and his material.* Some part of the answer one would give to such a question must be conveyed in every reference to the subject, but we may well be more explicit.

In the first place I find something to regret in the technical term ' resistance ', even though it may on the whole be the best shorthand for the purpose. It puts the emphasis on the negative strength exerted by the patient rather than on the cause. Analysis depends for its success on co-operation with that part of the patient's mind which, however mistakenly and ineffectively, seeks a better solution. In that sense, then, what we call analysis of resistances is really an analysis of ineffectual capacities, or of conflicting and mutually damaging processes. If we centre our activities as analysts on the aim of restoring his full capacities to the patient, we are constantly asking ourselves such questions as ' Why can he not . . . ? ' ' Why is there a difficulty ? ' Then we are able to limit our activities to explaining those difficulties when and as we see them. The analyst does not then need to take any stand for or against any action, feeling, thought, attitude or belief of the patient's. He does not even need to decide *how much* of any given situation is reasonable or unreasonable. If there is a difficulty in connection with it which the patient cannot solve in a way which reasonably satisfies the whole of him, that fact shews that at least *some* part of it is in need of elucidation. And it is that part, and that alone, about which the analyst need, or indeed can, do anything to help the patient. The indication for analysis is not what the analyst may think about any given subject or situation, but the evidence given by the patient that he finds something unsatisfactory about it, and also that he is not able to improve the situation without the analyst's help. With regard to the latter point, one remembers that the patient already has some capacity to deal with difficulties, a capacity which we want to increase and not lessen either by unnecessary attempts to help, or by help delayed to the point of discouragement and despair. Also it is evident that one cannot force help on anyone who is explicitly or implicitly dis-

claiming his need of help with such emphasis as temporarily to silence his desire for it. Further we would not claim that our interpretations are always correct and helpful. It is equally true that the patient may refuse to accept what we offer in the way of real help, demanding instead quicker and immediately easier forms, which however, may do little to reduce his subsequent difficulties. But regarded from the point of view of a capacity to tolerate and deal with difficulties, the mind will always do as much in that direction as it both can and wishes to at any particular time. Therefore solution of one difficulty leaves it free to exercise its capacity on another; and we need never doubt but that freedom from a pre-conscious difficulty will bring an unconscious difficulty just so much nearer to consciousness. Kaiser says, in effect, ' Interpret only conscious material. Do not try to get *behind* or *beneath* the resistance. You leave it still functioning and can never hope to exhaust the material against which its functioning is directed '. I would add to that ' Make it clear both to yourself and to your patient that even with regard to conscious material you do not pretend to do more than help him with his difficulties '.

These considerations lead us to three indications affecting our attitude to the patient and his material. (1) Because the patient's difficulties or resistances are our one reason for helping him, and because his own recognition of them provides our best opportunity of doing so, we should by neither word nor action seek to avoid them or to mitigate them, otherwise than by analysis and an attitude consistent with it, if he has any capacity for expression of them. Otherwise we reduce both our own and the patient's opportunities of understanding and dealing with them more fundamentally. (2) The most perfectly conducted analysis cannot be an easy matter for any patient. On the contrary, it is his opportunity of developing his psychical muscles by meeting and overcoming just those hard parts of his life which have hitherto been too much for him. This opportunity is given by the helpful understanding of the analyst, which reduces or counteracts some of the earlier adverse factors, but can neither remove the hardships and struggles to the point of ease, nor compel the patient to undertake them. It needs determination on his part not to try for an immediately easier way, which may ultimately prove as hard or harder than the one rejected. Therefore it seems to me we do no kindness to the patient if we give him any kind of encouragement to hope for an easy way out of his troubles. It only makes it harder for him to take the difficult way of meeting them fairly and squarely.

Apparent kindness may in these circumstances sometimes prove to be unkindness. For both these reasons, then, because to hide the patient's difficulties is to reduce his opportunity of help, and because it encourages him to trust to other means than the more thorough ones of analysis, we should, I think, look very carefully indeed at the question of reassurances.

There is much less need to query the rights and wrongs of *increasing resistances*, or adding to the patient's difficulties—not, of course, the same thing as giving them the opportunity of putting in an appearance. Although we all do it at times unwillingly and sometimes unwittingly, no one can think it correct to add difficulties. From the patient's outlook, adding to resistances generally seems a much more serious mistake than avoiding them. From the analyst's standpoint, difficulties avoided or glossed over are still there and will re-appear in another form, although with an added tendency to take the way of avoidance, and can still be dealt with ; while it is a more obvious mistake to increase resistances, and the bad results are more quickly seen.

It is clear that if we limit ourselves to the direct analysis of conscious and pre-conscious difficulties we must be prepared to shew increased understanding of pre-conscious material and processes. Often the best use we can make of the patient's material when his own difficulties are not obvious to him is to shew him that just what he condones or upholds in himself, he dislikes, attacks, or fears in another. Much work may have to be done in preparing the way for the patient's toleration of internal conflict. In this, as we know, the attitude of the analyst is of the greatest importance, and long understanding receptiveness of the patient's conflict with the analyst instead of with himself may be a necessary preliminary. Help and enlightenment received from the analyst must be to some degree suspect unless or until the relation to the analyst from whom it comes is clarified. And this can obviously only become possible very gradually while the patient needs to fight with the analyst rather than with himself.

It is a great help at this stage when one can, for example, shew a double and complementary process at work, both psychically and physically, in that because he has sought to separate from himself a part of his actual psychical self, his own problem, affect, responsibility and so on, and to project it into another person, he may also be concerned to restore the threatened unity of his own personality by some type of fusion, mental or physical, with that same person. This is the kind of interpretation that can be given quite early in an analysis. It

obviously includes both castration anxiety and compulsive sexual relations, and can help to relieve some of the necessity of both before the patient is able to bring himself to talk openly on the subject.

I believe that only when one abandons the attempt to deal directly with absent content and with truly unconscious material—or at least when one tries to do so—does one become aware of the wider possibilities of analytical work which lie hidden in the conscious and preconscious material—the re-grouping, the re-arrangement of it, the dissolving of compulsive fusions, the tracing of hidden links, unsuspected connections, etc. This work of putting things in the places to which they belong, making true wholes and separating false ones, can be more effectively carried out, I believe, if the analyst keeps his own work in the place to which the patient allows that it belongs—voluntarily expressed material. It can hardly be necessary to say that one does not abandon one's knowledge of the 'true unconscious' because one makes no attempt to apply it directly. All that is in question is the best way in which the patient himself may reach such knowledge. And it is not to be expected that he can gain the necessary security and confidence for such difficult work until he has plenty of evidence that the lesser emotional distortions and barriers can safely be met and need not be avoided. We know the importance, for this result, of evidence that even his more aggressive emotional reactions can safely be met by the analyst, and that they are not therefore inevitably responsible for all harmful effects on others.

Alexander [13] has recently shewn that what he calls 'the logic of emotions' brings ready comprehension of emotional reactions which are related to their most appropriate situations; but he also shews clearly the feeling of inevitability accompanying such logic; that is, that it is 'only natural' to feel so and so in such and such a situation; 'of course' one would feel like that if someone behaved to one in such a way, etc. This assumption of the inevitability of emotional results clearly gives to anyone who stimulates emotional reactions entire responsibility, not only for his own emotional state and actions, but also for those of the other person or persons involved in them. It is just this feeling of too heavy responsibility which tends to make people unable to bear the responsibility of even their own moods and actions; and a large part of the analyst's work lies in disposing of it. His silent

[13] Alexander. 'The Logic of Emotions and its Dynamic Background', this JOURNAL, Vol. XVI, p. 399.

receptiveness of the patient's hostility does something, but not enough. It is an essential preliminary at a time when all active response may be felt to have a retaliatory aggressive character. But silence can have its menace ; and neither silence nor the mere absence of overt hostility on the analyst's part, nor even pronounced friendliness, which, rightly or wrongly, may be understood as a reaction formation, can fully dispose of the dread of full responsibility for ' inevitable ' harm done to the analyst. After and in conjunction with silence, only the continued and unimpaired activity *of the analyst*, of that which is the central reality of the analytical situation, the analyst's capacity to be a friendly understanding *analyst*, can eventually prove to the patient that he is not responsible for any injury to the *analyst's* life ; that is, to his analytical capacity, without which he no longer exists as an analyst, whatever else he may be. No amount of un-analytical action on the analyst's part can ever put right this central situation, which is the living reality of analysis. But if this *is* right, and continues to be so, the patient may become less afraid of bearing the responsibility of the effects of his own past affects and actions, less certain that if he bears any at all, he has also to take the responsibility which actually belongs to others for ' inevitable ' affects and their effects. It is clear, then, that the example of the analyst who assumes more than his own share of responsibility in the analysis, equally with the example of one who assumes less than that, can act on the patient as a deterrent from shouldering his own due burden, no more and no less.

(3) From consideration of the attitude of the analyst, let us try, using contrast as the means, to come to a more precise understanding of that which the analysis of resistances really is, mentioning more specifically a few of those multifarious methods which it is not.[14]

(*a*) It is not, it seems to me, a method of ' breaking ' or of ' conquering ' or ' melting ' resistances or even of shewing how ' unreasonable ' they are—although it is true that the patient's own recognition

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[14] We may, however, remind ourselves that other ways are not made worse than they were by an attempt to find better ways. Unfortunately we all find ourselves often enough in a situation in which we are unable to find the best way and need the help of one which is not so good. It is no question of the best or nothing. Therefore, while, for the sake of the sharper definition of contrast I mention other ways which I think not so good in varying degrees, I do not and would not detract from the good many of them can do and have done.

of some lack of reason in them is an essential preliminary to the desire for something better. It is simply a method of understanding them. As I have said before, it is only when the analyst can shew the *reason* of them, that the patient can hope to strengthen his more reasonable nature, his ego, through the help of analysis.[15]

It is not a method of pursuit of a resistance. Only as long as the resistance or the difficulty can be felt and shewn can it be accessible to analysis. Variations in circumstances help to bring a quite different kind of difficulty to the fore for the time being, and we do not pursue the one which has temporarily disappeared. It does not, then, place such undue and exclusive reliance on ' transference ' interpretations that the analyst has constantly to query ' Where do I come in here ? ' I agree with those analysts who believe that transference interpretations have a central importance ; but the analysis of resistances does not pursue any one specific resistance or type of resistance ; it takes the one which is immediately uppermost, whether of greater or of lesser importance, and relies always on such queries as ' What exactly is the difficulty ? ' ' Why can the patient not know and shew more of his own mind ? '.

It is not a way of deciding what the patient ought to think or do or say, or how closely his thoughts and actions should approximate to the analyst's own standards, ego, moral or sexual in order to be ' normal '.

It does not say that because *some part* of a given attitude or situation is due to or influenced by unconscious factors, or can be explained in terms of positive or negative transference, the analyst claims the ability or the right to judge the *whole* of it in such terms. The analyst more modestly confines his activities and the judgements involved to that part which is demonstrably defective in some way. He need not say, for example, ' You think me cruel because you are influenced by such and such another situation ', but, ' Some part of your thought that I am cruel and of your difficulty about it is determined by a different situation '. That is a different thing from saying indirectly ' I am not cruel, and you are wrong in thinking me so '.

[15] The first example of the technique of the analysis of resistances which Kaiser gives seems to me to tend in this direction of shewing the patient how unreasonable he is, so that his subsequent burst of anger was in part directed against the analyst on this account, and was probably not the simple instinctual expression Kaiser appears to have thought it. *Op. cit.*, p. 494.

It does not make a frame-work of theory and proceed to fit the patient into it. The function of theory is to help the analyst's weaknesses on extra-analytical occasions, and is of use to the patient in this indirect fashion only. Theory is the hypothetical skeleton on which we seek to re-assemble the array of facts and their relationships which our minds cannot otherwise hold in any ordered cohesion. But we never shall build up a human being in this way, or even create any close resemblance to the living interaction of living psychic tissue. To have theory in our minds in the hours of analytical treatment when we are in actual contact with the individual patient's mind, and when we have the opportunity of learning directly from it, is to barter possible strength for the props of weakness. It blocks that free working of our own unconscious which, as we know, is our one way of understanding the working of the patient's unconscious.

But because this method of analysing thus relies on analytical intuition, it does not therefore undervalue the work of consciousness and intelligence, either in the analyst or in the patient. With regard to the analyst, intuition can only work satisfactorily where it co-operates with intelligence, and is not an alternative to it. With regard to the patient, the attention directed to his conscious and pre-conscious material, and to working in conjunction with and not against his reason, is further proof that his conscious mind and intelligence are not undervalued. It is only in this way that the analysis of more normal people becomes possible. This is a subject to which I will return later.

The analysis of resistances is not, as we know, the analysis of symptoms. The analysis of symptoms limits us to end-results which at one and the same time conceal difficulties and display them obviously because unassailably. It is not even the analysis of states and positions, which are indeed a kind of general and non-localized symptom of less definite form. It is not the analysis of anything which can be stated in general terms, and thus exclude that which is individual to the particular patient. That which is individual is of primary and not of secondary importance in an individual analysis.

And finally, the analysis of resistances abandons reconstructions, however correct, since that which is important is not the extent to which we may be able to impart to the patient our knowledge of his life and psyche, but is the extent to which we can clear the patient's own way to it and give him freedom of access to his own mind. For the same reason, it does not jump over obstacles, leaving them in the

way, but securely links the conscious with the pre-conscious and with as much of the unconscious as can at the time become pre-conscious. I have given reasons previously for believing that this is possible even with regard to symbolic interpretation.[16]

(*b*) What then is the analysis of resistances ? At the risk of repetition let us return to this question. It is the analysis of conflicting processes and of difficulties or disabilities. It relies on principles and on individual work with the individual, and not on theory, rules, plans or standards, beyond the one analytical rule or condition. It helps the patient to help himself, and therefore to meet and not avoid his difficulties. Trusting to the principles of analysis, it gives the patient in his turn a possibility of trusting the work of analysis. It implies one attitude and one only to the patient's material—that of constantly inquiring what understanding it can provide of his disability, or unsatisfactorily employed ability. It gives full value to consciousness and does not disparage it because there is more ' to it ' than may at first appear—that is, it does not throw away the baby with the bath-water. We have, for example, come to distrust the patient's conscious desire to get well, because of the mixed motives in it. But then it is, or becomes, mixed largely because he distrusts our way of helping him to satisfy that desire, and because difficulties in the new way make him uncertain whether it really is better than old and familiar and infantile ways, even if these do not lead to real improvement. The analysis of resistances, as I understand it, does not reject any part of consciousness because of its mixed motives ; it values the patient's co-operation, and without taking over the full responsibility for resistance instead of co-operation, tries always to find the reason for the resistance, whatever it may be, including the analyst's own mistakes. It therefore gives reasons, and does not work in a sense contrary to the patient's reason. At the very beginning we give him reasons for the one thing we ask of him in analysis—its condition rather than its rule—and explain that the more he can tell us about himself, his thoughts and his feelings, and the less he rejects, the better our chance of helping him. The adult patient then knows that this is his reasonable share in the technique of analysis ; while we soon shew him, even if we have not already told him, that we will try to help him about it where he does not keep to that condition. To this explicable and explained

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[16] ' A Note on Symbols and Early Intellectual Activity ', this JOURNAL, Vol. XIV, p. 291.

technique the analyst should try to keep, no less than the patient, neither of them going beyond it. The patient is less likely to do so if the analyst does not. Naturally the analyst, like the patient, learns much from the action, bearing and expression of the other; but, for the analyst's purposes, the knowledge thus gained is and remains secondary to that from verbal expression, in the sense (1) that his interpretations should be based on and referable to or explicable in terms of what the patient has put into words and that alone; and (2) that our chief concern is with that which prevents him putting more into words. We are taking away the patient's accepted and reasonable responsibility if we in any way shift the importance away from the only, though the very difficult, technique which analysis asks of him; and we encourage him to belief in magic, which is independent of conditions, if we do not evince our belief in the conditions in which analysis can be carried on. How to be firm about it without being harsh or rigid is indeed a problem for the analyst, but an essential one.

Further, as I have said, by not confining our interpretation to the patient's verbal expression we leave ourselves without our clearest guide to the state of the patient's defences. Very prolonged and obstinate silence, after one has done all one can to rectify one's previous mistakes in technique, I take to be a sign that the patient's defences are in too precarious and explosive a state for analysis.[17] I touch on this question chiefly to shew the consistency with which I would try to follow the principle of making our guide that which the patient is able and willing to tell us.

To finish this section by trying to sum up shortly the contrast between the analysis of absent content and the analysis of resistances, I might put it in this way: the analysis of absent content says in effect: 'We can conclude from what you have said that you are resisting such and such an affect, memory, thought or phantasy; and in order to know *why* you are resisting we have first to know *what* you are resisting'; the analysis of resistances says in effect, 'We can conclude why you are resisting from what we already know'; or more fully, 'We can conclude from what you have said that you have taken and are taking such and such a method of dealing with a painful situation. That way may have been the best you could find in some circumstances, but it contained an alteration of a real state of affairs

[17] We have more to fear from too weak than from too strong defences.

to suit emotional troubles, and therefore, whatever it did for you, it had to leave some of the real difficulty not really dealt with. That is the difficulty you are meeting at the present time, and it is increasing any other difficulty you may have in keeping to the conditions of analytical treatment '.

(*c*) Following this formulation of principles of technique, we next ask, Does the analysis of resistances form the whole or only part of technique ? And if a part, how big a part ? We can at once say that it quite certainly forms a part, and in theory at least, the main part in every analyst's technique. But my own answer to the question would be this—that the principle underlies the whole of our technique, and that the kind of application of it which I have tried to indicate to you I believe should apply to very nearly the whole. It is true that at one time I planned a whole section on ' Preparation for the Analysis of Resistances ', but the more closely I looked into it, the more evident it became that it starts from the beginning. Thus, the very formulation of the conditions under which analysis can take place, asking the patient for free associations or free verbal expression of his thoughts and feelings of whatever kind, already takes the patient a step beyond his customary resistances to uncensored speech. Encouragement to tell more, requests for more information on specific points, the questioning ' Yes ? ' are all ways of trying to help the patient to overcome his resistances, and are therefore an integral part of the analysis of resistances. They are part of the question ' Why can he not ? ' in the sense of getting the patient to try whether he can and will or not.

There is obviously every reason not to neglect conscious and intellectual resistances. Explanations of particular parts of our technique when they are queried may not take us very far, and yet can prevent the ranging of the conscious resistances against us, enlisting them instead on our side. For example, in explaining my reason for not giving advice when sought, I should tell the patient that while it might possibly solve the immediate trouble for him easily and quickly, yet such means left him dependent on the analysis for such solutions, and no whit better off with regard to other situations which might well supervene when the analyst was not available : that if he would undertake the more immediately difficult way of saying whatever came into his mind, there was a possibility of helping him in a way not limited to a single situation and tending towards increased independence. I do not, of course, think that such explanations, such attempts to deal with the conscious resistances, will do anything very funda-

mental. But I do think that without them these same conscious resistances will prove a heavy barrier against us. One will count two at least on a division. For the same reason, and always provided that I am confident the conscious desire for information is relatively strong whatever the other motives, I do not now hesitate to enter at times into some discussion and argument on psychological matters, never going outside the realm of one's understanding of the psyche and its processes, and keeping it related to the patient's current problems. One does not then always and inevitably refuse a kind of friendly combat, and this is one in which the analyst is supposed to be the stronger, and in which it is obviously advantageous to the patient that he shall be—but one must be out to help the patient by doing so, and not merely to win in a battle of wits, or it is better to keep quiet. In such ways I believe one may have the reasonable and more normal parts of the patient's minds with one instead of against one—as they certainly will be if they feel unreasonably ignored and unsatisfied.

Again, that long work to which I have earlier referred, the re-assembling of conscious material, is also a part of the analysis of resistances, and an important part, though it deals with the slighter pre-conscious resistances only. It explains difficulties due to something correct enough in itself, but incorrectly placed; it relates conscious material to conscious material, and does not involve the bigger shifts of position connected with the more difficult pre-conscious and the unconscious. One can often deal with the slighter resistances by such queries as ' Always, or in particular circumstances ? ', when a patient is laying down some law or giving some abstract example of cause and effect, without giving the particular situation which has troubled him with regard to it. It can be of more immediate help than the mere request for an example, because it at once brings to his mind the possible advantage of limitation of trouble to its own setting. Similarly one can often query whether something or other is as inevitable as he is indicating. There are innumerable ways of dealing with resistances and bringing them to light which can be developed when our technique is directed to this end, and it is of considerable importance that we should not neglect the minor resistances in searching for the major ones.

I have earlier referred at length to the way in which toleration of conflict and anxiety, a feeling of real difficulty, gives the best opportunity for analysis, whether the conflict is that of ambivalence, of ideals, of the super-ego with the ego or the id, or of any other com-

bination and arrangement of opposing forces. One does not tunnel to reach either anxiety or its causes in the unconscious. Whatever the defensive strength, the mind is not a rock and tunnelling is risky. But both anxiety and its unconscious causes will surely come to the surface if the minor pre-conscious resistances have been adequately met, and some confidence in forthcoming help has already been extablished. In other words, the unconscious will become pre-conscious before it becomes conscious. Sometimes, of course, the most obvious conflict and anxiety are there at the beginning. And then only the calmness of the analyst and his ability to marshal the more reasonable forces of the mind on his side by some other approach than the analysis of the symptom can give the opportunity for working more patiently with material proceeding from the pre-conscious.

With regard to catharsis as contrasted with symptomatic and compulsive affect, the analysis of resistances should bring about so much and only so much as would enable the patient to realize, to feel and know as real, the quality and quantity of his emotional reactions, and relate them to the situations in which they have been most appropriate and are therefore most understandable.

The analysis of the resistances involved in conflict, with this amount of catharsis forms, as we know, the most strikingly effective part of the work, even though the long preparation for it has been just as necessary. If the last straw is sometimes given the responsibility belonging also to the other straws, it sometimes receives commendation rightly belonging to the other straws in equal measure.

The influx of material which follows the solving of an important resistance in this way calls for work similar to that correlating, re-assembling of conscious material which has almost certainly preceded it. What we call the ' working through ' seems to contain a ' living through ' in the analysis after as well as before the emergence of memories,—obviously so with obsessional cases ; and this plays an important part in filling out the significance and emotional reality of the memory.

The one and only type of situation in which, so far at least, I find no cause at all to regret having given an interpretation of absent content rather than of process is that in which the work of analysing resistances has in some way left not so much a slight resistance as the form of a resistance. At such times a few words suffice to bring the hidden content to light with pleasurable affect and the feeling Why, of course '.

Thus I believe that the analysis of resistances should form practically the whole of our analytical work, and that there is still much to hope from it in its further development, particularly in the elastic and individual variations of its application which adherence to such a principle can allow.

SHORT COMMUNICATION

'A LITTLE WIDOW IS A DANGEROUS THING'[1]

'Ne pleure pas, le noir te va si bien', sings a young widow in a French chanson, as she takes comfort from the attractive reflection in her mirror. A glance over her shoulder will convince us of the reality of the attraction in this particular case, and quotations could be cited from the literature of every land to prove that the attractive 'lustige Witwe' is a generally recognized type—but they are probably superfluous. Let the sceptical read Boccaccio.

One might be tempted to explain her charm as due to the way in which her situation appeals to one's sympathy and pity, and the explanation would certainly be, to a limited extent, correct, but there are doubtless further psychological factors at work which we can now investigate. (We note in passing that the French widow stresses the importance of her black clothes.) Her need for comfort, too, reminds us that widowhood is not without its disadvantages. The community at large is severe. It discourages her from remarrying, and encourages her to devote her life to the education of her children and to good works. Her magic too, is not altogether reliable. 'The magic of experience' has its counterpart in the 'fear of comparisons' amongst the rationalizations of the opposite sex.

Strangely enough, if we turn from our culture and our time to more primitive cultures, we find that the widows' magic becomes, as it were, blacker and blacker. A death in a native village will often affect the social life of the inhabitants for several years. Custom may impose a severe discipline on all the inhabitants after a death, but usually only those, who were either related to the dead or had come into physical contact with the corpse, are concerned. The widow is naturally the chief sufferer. In many cases the restrictions imposed on her differ only in degree from those imposed on the others. In British Guiana, for instance, the mourners paint their bodies a different colour, the area painted varying with the nearness of the relationship.[2] The widow in this case naturally paints her whole body. The mourners,

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[1] From a paper 'Die Anziehungskraft und die Gefährlichkeit der Witwen', read to the Dutch Analytical Society in 's-Gravenhage, May 2, 1934.

[2] *Int. Arch.*, XIII, Suppl., 77 (Hartland: *Ritual and Belief*, p. 237).

too, are generally Tabu, but the duration of the Tabu is much longer for the widow.

There are also customs which concern the widow alone. Some of these do not differ very much from the customs of the present day—those concerning remarriage for example—while others require detailed quotation.

Frazer, for instance, relates how, among the Shuswap of British Columbia, 'the widows and widowers in mourning are secluded and forbidden to touch their own bodies; the cups and cooking vessels which they use may be used by none else. They must build a sweat house by a creek, sweat there all night and bathe regularly, after which they must rub their bodies with branches of spruce. No hunter would come near such mourners, for their presence is unlucky. If their shadow were to fall on anyone he would become ill at once. They employ thorn bushes for bed and pillow, and thorn bushes are also laid around their beds'.[3] Among the Thompson Indians of British Columbia their lot was no happier. 'Immediately after the death they went out and passed through a batch of rose-bushes four times. For a year they had to sleep on a bed of fir-boughs on which sticks of rose-bushes were laid; many wore twigs of rose-bush and juniper in a piece of buckskin on their persons. The first four days they might not touch their food, but ate with sharp-pointed sticks. A widower might not fish at another man's fishing place or with another man's net; if he did, it would make the net and the place useless for the season. Any grass or branches that a widow sat or lay down on withered up. If a widow should break sticks or boughs, her hands or arms would also break. She might not pick berries for a year, else the whole crop would fall off the bushes and wither up. She might not cook food or fetch water for her children nor let them lie down on her bed nor should she lie or sit where they slept. Sometimes a widow would wear a breech cloth made of dry bunchgrass for several days'.[4] Amongst the Agutainos of Polawan we find the widow similarly 'labelled' dangerous—not to be touched. She may only go

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[3] Franz Boas: *Sixth Report on the N.W. Tribes of Canada*, p. 91 (Reprint from *Report of British Association*, 1890). (Frazer: *Taboo and the Perils of the Soul*, p. 91).

[4] *Thompson Indians of British Columbia.* Memoir of the American Museum of Natural History (Jessup: *North Pacific Expedition*, Vol. I, Part IV, April, 1900, p. 331). (Frazer: *op. cit.*, p. 143).

out at an hour when she is unlikely to meet anyone, for whoever sees her dies a sudden death. To prevent the fatal catastrophe, the widow knocks with a wooden peg on the trees as she goes along, thus warning people of her dangerous proximity ; the very trees on which she knocks soon die.[5]

The danger of the widow to others is so emphasized in these cases that we are surprised to learn that among certain African tribes the widow becomes the local prostitute ! [6]

Still another idea would seem to motivate the customs of the Ewhe of Togoland. The widow must—during the period of mourning—lay aside all clothing and ornaments and go completely naked. She must remain all the time in the hut beneath which her husband is buried, only leaving it for short intervals for bathing and other necessary purposes. She also carries a club for her protection by day and sleeps with it by night. During the night a charcoal fire burns in the hut, and upon this fire she strews a powder consisting of peppermint leaves and red pepper, so as to cause such an evil-smelling smoke that no one will come near her.[7] Here we have a picture of the widow, instead of frightening others, going in fear and dread herself.

Another group of customs must also be mentioned here. Superficially they might be considered as signs of respect for the dead. The Mincopian widows on the Andaman Islands, for example, paint the skull of their dead husband red, and hang it over their right shoulder until they marry again.[8] In Bukaua (formerly German New Guinea) the widow carries a ' widows' bundle ' consisting of the deceased husband's hair and his loin cloth,[9] while the widows on Bali remain at home and ' bearbeiten den Penis des Verstorbenen ' as a sign of their grief.[10] The custom of the widow following her husband into the next world by committing suicide might perhaps be considered an extreme

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[5] G. M. Dawson : *Notes and Observations on the Kwakiool People in Vancouver Island.* Proc. and Trans. Royal Society Canada, 1887, Vol. V, Sect. II, p. 78. (Frazer : *op. cit.*, p. 144.)

[6] Roheim : Personal communication.

[7] *Globus,* Vol. LXXII, p. 22.

[8] *Ind. Cens. Rep.*, 1901, III, p. 65.

[9] Lehner-Stefan : *Bukaua,* in Professor Neuhauss' *Deutsch New Guinea,* Berlin, 1911. (*Das Weib in der Natur und Völkerkunde,* H. H. Ploss, II Aufl., 1927, Vol. III.)

[10] Jacobs, J. : *Eenige tijd onder de Baliers,* Batavia, 1883.

case of this kind. This custom was previously very widespread, appearing in Asia (Sati), Africa, America, and Australia, and traces are to be found in Europe (in Bulgaria and Ireland). This custom has often in historical times (e.g. China) been replaced by a ceremonial death. The widow is, for example, forced on to the funeral pyre, but is not more than scotched, or a figure, representing the widow is buried with the husband. In other places where customs representing a ceremonial death appear, it seems clear that they have been derived from a Sati-like predecessor, although all direct evidence of it has been lost.

During the period of seclusion various kinds of purification are enforced. We have already heard that they usually take the form of bathing and sweating, but the mourning period is often brought to an end by a more elaborate ceremony of this kind. The Euahlayi will serve as examples. Their widows, at the end of a period of fumigation, are chased down to a creek where a fire is burning. They then seize a burning twig, place it under their arms and extinguish it by jumping into the creek. They then drink some of the water, and climb out, calling the names of their dead husbands. This is the first time they have spoken since their husbands' death.[11]

The period of seclusion, or more particularly the 're-marriage Verbot', can also be ended in other ways. Among the Martiambo the last ceremony consists of the widow lying down with her legs stretched out, and of her brother-in-law stepping over them. The sister-in-law must perform a similar task for the widower before he can marry again.[12] Another ceremony of interest in this connection is found in the Central Punjab. Here the widower is married to a tree or a sheep before he may re-marry.[13]

The impression we obtain from this survey is not particularly encouraging. The various ideas that seem to be motivating the customs appear at first difficult to disentangle, so we will see what assistance we can obtain from others, who have previously busied themselves with this subject.

Let us start with some remarks of Frazer's. He points out, for

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[11] K. L. Parker: *Euahlayi Tribe* (*Encyclopædia of Religion and Ethics*, Vol. IV, p. 434).

[12] Rev. J. H. Weeks: *Folklore*, XIX, 430; and XXI, 463. (Hartland: *op. cit.*, p. 215.)

[13] *Ind. Cens. Rep.*, 1911, XIV, 283. (Hartland: *op. cit.*, p. 231.)

example, that : ' mourning costume is usually the reverse of that in ordinary life '.[14] Hair that is normally long is cut short ; hair that is normally braided is unbound for the mourning. Men sometimes put on women's dresses, etc. Frazer points out, with right, that the ' object is to distinguish those under the death Tabu from the rest of the tribe '. It is the sign of the plague. This seems an able generalization, but we are left wondering about the nature of the plague.

A comment of his on the customs (which we have already quoted) amongst the Shuswap suggests another line of thought ' " and thorn bushes are put round their bed ". This last precaution shows clearly what the spiritual danger is which leads to the exclusion of such persons from ordinary society. It is simply the fear of the ghost which is hovering near them '.[15] Hartland has followed the same line of thought, e.g. ' What I venture to suggest is that the risk actually run by marrying or cohabiting with the widow is that of death from the posthumous jealousy of the deceased ', while in connection with the widow he states that the ' widow has nothing to fear so much as the ghost of her deceased husband '.[16]

This theory appears at first to be eminently satisfactory. It would also in greater detail explain some of the customs with which the period of isolation ends. The object of the mock-marriage with the animal would then be the diversion of the dead man or woman's jealousy to the animal. The ceremony in which the brother-in-law passes over his widowed sister-in-law's legs could be similarly interpreted. This would be a ' ceremonial copulation ' in which the brother-in-law played the rôle of the lightning conductor, as he would probably be more readily forgiven by his brother.

Attractive as this explanation is, two things will prevent us from being completely satisfied. Why is the wife so frightened of her husband ? Why do the natives, who certainly would not have been above stealing a wife during the husband's lifetime, begin, immediately after his death, to be afraid of approaching her ? Why does death cause such a ' sea-change ' in the character of the husband ? He appears to change overnight from a loving husband into a sadistic fiend.

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[14] Frazer : *Journal Anthrop. Institute*, XV, 73, 98. (Hartland : *op. cit.*, p. 236.)

[15] Frazer : *op. cit.*, p. 142.

[16] Hartland : *op. cit.*, chapter ' The Haunted Widow '.

Révész,[17] apart from making the same suggestion as Frazer and Hartland, adds two others. He suggested that 'das Trauerjahr' of the widow evolved as a substitute for a once general Sati and that the length of it had been determined by the fear that the surviving widow might be pregnant. The second point is not, I think, of much importance. It is possible that it had a certain effect as one of many determining factors. We shall, however, postpone assessing its importance, until we have considered the other in greater detail. The other suggestion, which is strongly supported by the widespread occurrence of customs similar to Sati and their replacement by that of a ceremonial death, seems to possess greater possibilities than Révész himself realized. He considered that the 'Wiederheiratsverbot' was its only bequest, but its legacies were, I think, much larger. It would be hard, for instance, to find a better description for the fate of the widower in New Guinea than a 'ceremonial death'. 'He loses all his civil rights, and becomes a social outcast, and an object of fear and horror shunned by all. He may not cultivate a garden nor show himself in public nor traverse the village, nor walk on the roads and paths. Like a wild beast he must skulk in the long grass and the bushes; and if he sees or hears anyone coming, especially a woman, he must hide behind a tree or a thicket. If he wishes to fish or hunt, he must do so alone and at night. If he wishes to consult anyone, even the missionary, he does so by stealth and at night; he seems to have lost his voice and speaks only in whispers'.[18] Many widows, we remember, fared little better. We are, I think, justified in regarding much more of the customs during the period of isolation as being determined partly by this idea of a ceremonial death. Several details occur to us at once from examples we have already quoted which would support the theory. The silence, the segregation, and the starvation could, for example, be similarly explained.

It would be too great a digression to go into this subject in great detail, but two other lines of thought which start from here must be followed a little way. The first leads forward. If it is correct that the period of isolation represents a ceremonial death, we should expect the period to end with a 'ceremonial rebirth'. The purification

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[17] Révész: 'Das Trauerjahr der Witwe', *Zeitschrift Vergl. Rechtswissensch.*, XV, 1902, p. 361.

[18] Father Guis: *Les Missions Catholiques*, XXXIV, 1902, p. 208. (Frazer: *op. cit.*, p. 144.)

ceremonies now appear in a new light. The symbolic connection between water and birth require no further emphasis here. It is probable that a detailed investigation would show that such ceremonies were to a large extent determined by this idea of a ' ceremonial rebirth '.[19]

The other leads backward. If the real death was so easily replaced by a ceremonial death, we suspect that the usual reason given for Sati (i.e. to insure the dead man a wife in the next world) was not the only one. This clearly would not hold for the ceremonial death. We are accustomed in analysis to deduce the hidden motives of behaviour from the effect. We suspect, therefore, that there were some other factors overdetermining the Sati and determining the ceremonial death. We can leave the matter here with the suggestion that we have been underestimating the danger which the widow represents, and that it was this that led to her summary death in the past.

Returning now to the theoretical suggestions that others have put forward, we come to Freud's contributions to this subject. In his ' Totem und Tabu ', we find the key to the understanding of the ' sea-change ' in the character of the dead (i.e. through the projection of the latent hostile tendencies). This removes one of our difficulties, but others remain.

Freud himself makes a suggestion which will start us on another trail. ' Diese letztere Andeutung macht es uns leicht, die Gefährlichkeit des Witwers oder der Witwe auf die Gefahr der Versuchung zurückzuführen. Der Mann, der sein Weib verloren hat, soll dem Begehren nach einem Ersatz ausweichen ; die Witwe hat mit demselben Wunsch zu kämpfen und mag überdies als herrenlos die Begehrlichkeit anderer Männer erwecken. Jede solche Ersatzbefriedigung läuft gegen den Sinn der Trauer ; sie müsste den Zorn des Geistes auflodern lassen '.[20] Bearing this in mind, we can turn to the consideration of some other customs in greater detail.

Amongst the Thompson Indians of British Columbia it is the custom for the widow ' to wear a breech cloth made of dry grass '.[21] The tribes of the Hood Peninsula have a similar type of mourning.

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[19] Compare also the ' low-roofed, stuffy, pitch-dark space ' in which the widow is confined before her final release in the *Sexual Life of Natives* by Malinowski, p. 134.

[20] ' Totem and Tabu ', *Ges. Schrift.*, X, p. 69.

[21] Frazer : *op. cit.*, p. 144.

The widow dons a long grass petticoat reaching to the ankles, while the widower wears a heavy fringe from his waist to his knees.[22] A further example comes from the Torres Straits. There the ordinary dress consists of a petticoat of split-leaves reaching to the knees. The widows wear the same clothes, but 'twist up the petticoat of banana leaves, and passing it between their legs, fix it at their waist band'.[23]

We feel at first tempted to bring these customs into line with others which we have previously mentioned, namely, those of the Shuswap widows who have 'thorn bushes for bed and pillow, and the same laid round their bed'. Similarly the widows in the Ewhe tribe in Togoland, keep a fire burning all night on which they strew peppermint and red pepper. We would then explain them as precautions against, in Hartland's phrase, 'overt acts of the dead'. He quotes the belief in Togoland that copulation with the dead has fatal results. We are reminded too of Clerk Saunders:

> 'And if I kiss thy comely mouth
> Thy days of life will not be lang'.

This is certainly a correct explanation. It may also in some cases be the only explanation necessary, but two considerations will lead us to look for other determining factors.

There are, in the first place, many legends in which copulation with the dead was not at all disastrous, but rather pleasurable, and even fruitful! Plutarch, for example, related how Hippocrates was born of such a 'postmortem' cohabitation.[24] Similar legends are also to be found in China and Bengal.[25] In the second place we notice that the precautions which are taken against the possibility of copulation with the ghost would serve equally well in the case of more human lovers.

Two European widows of the present day will throw more light on the problem. The first widow, shortly after the death of her husband, began to be particularly frightened by the idea of going out. She at first contented herself with locking the door. Soon, however, the key

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[22] Re Guise: 'On the Tribes Inhabiting the Mouth of the Wanigela River', *Journal Anthropological Institute*, XXVIII, 1899, p. 205. (Frazer: *The Belief in Immortality*, p. 204.)

[23] Myers and Hadden: *Torres Str. Rep.*, VI, pp. 158, 160. (Hartland: *ibid.*, p. 217.)

[24] Plutarch de Iside (Hartland: *op. cit.*, p. 194).

[25] See Hartland: *op. cit.*, pp. 194 *et seq.*

had to be put in another room ; then tied up in that room ; then the number of knots increased ; finally she handed the key to the cook to be locked up by her. Analysis showed that the idea of going out was connected, in her unconscious, with sexual fantasies. The latter she considered incompatible with the recency of her husband's death, and had, therefore, repressed them. The temptation, however, increased, and to keep the fantasies repressed she had to resort to more and more complicated protective measures. A certain similarity to the widows amongst the native tribes begins to dawn upon us. The second widow will make it even clearer. This widow was particularly afraid of being touched by other men. In the analysis, as she described her fears, she repeatedly stated that she was ' eine anständige Frau ' and had nothing with which to reproach herself sexually, but her fears and precautions continued. They reached their climax in the wearing of ' kompliziert verschlossenen Reformhosen '. These exaggerated precautions concealed, as one would expect, repressed sexual fantasies.[26]

The only difference between these widows and the native widows lies in the mechanism of their grief. The one ' projected ' the hostile feelings, the other ' introjected ' them. But it is fundamentally the same instance which is responsible for the repression. The memory of the dead husband forbids intercourse with others. We are therefore justified in explaining the symptoms in a similar way. The widow of the Hood Peninsula is assuring her dead husband's ghost, in her own fashion, that she is an ' anständige Frau ', and demonstrating just as clearly that she is suffering from repressed sexual desire. These customs are really ' abstinence symptoms '.

In this connection another group of customs are of interest. We can take the custom among the Martiambo of the brother-in-law walking over his sister-in-law's legs as our starting point. The Kikuyu and the Anyanja are more realistic. The widows hire a poor man to sleep with them ' in order to lose the taint of death '.[27] A similar custom is probably concealed behind the following account. The widow was unable to marry until ' her sins had been taken away by the highest degree of familiarity granted to anyone who wishes to do her this service '. The sixteenth-century writer notes that many

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[26] *Geständniszwang und Strafbedürfnis*, Th. Reik, pp. 93, 169.

[27] Stannus : *Journal Anthrop. Inst.*, XL, p. 315 ; and Hobley : *Journal Anthrop. Inst.*, XLI, p. 418.

might have died widows had it not been for the assistance of Russian soldiers![28] By the Wadschagga the custom takes a slightly different form in that an unrelated man must sleep with the widow during the complete mourning period. At the end of the period he returns home.[29]

Our first impression is again that Hartland's explanation is sufficient to explain all these ceremonies. The jealousy of the dead man must be diverted to someone of no importance—but some of the later examples seem less clear. We find it strange, for example, that amongst the Wadschagga, the best way to assure the dead husband of the widow's fidelity is to appoint someone to sleep with her throughout the mourning period!

A lady from our own times will again assist us. A girl once suffered from the unusual complaint that she felt compelled to go to the water tap a hundred times a day to convince herself that it was really turned off—that it was not dripping. As the analysis progressed the symptoms, as usual, got worse, before disappearing. She had later, not only to go and convince herself that the tap was not dripping, but had also to turn it on and then turn it off again before she was satisfied. The symptoms were eventually brought into connection with an incident in her sexual life—the fear of an untimely ejaculation. At first the symptom was only of a protective character, e.g. the tap must not drip. Later the repressed desire broke through under the disguise of the other, i.e. the tap was turned on before being turned off.[30]

Can we not try to find the same psychical mechanism at work in some of the customs of these widows? We have already learnt to explain some of the customs as precautionary measures to prevent the repressed sexual desires breaking through into consciousness, as, in fact, 'abstinence symptoms'. Are we not justified in interpreting the custom among the Wadschagga as a 'break-through' of these repressed desires, under the guise of a mourning ceremony? We find the same idea in Bukaua where the widow is completely enveloped by several layers of nets. These she must carry until she marries again. She cannot herself, however, take the nets off or ask someone else to

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[28] Georgi: *Descriptions de toutes les Nations*, St. Petersbourg, 1777, III, p. 89. (Hartland: *op. cit.*, p. 223.)

[29] Gutmann: 'Trauer und Begräbnissitten der Wadschagga', *Globus*, 1904, Bd. 89. (*Das Weib.*, Vol. III.)

[30] Personal communication from Dr. Theodor Reik.

do it—the shame would be too great. She must be completely surprised by her relatives, who pull the nets off and throw them into the wood.[31] Among the Aaru Islanders, too, after the bones of the dead man are sufficiently dry to be taken out of the coffin, the tribe assembles on the shore. The men carry a large wooden ' Guson ' (penis) and the women a similar ' Kodu ' (vagina). With these two the sexual act is imitated, accompanied by the singing of erotic songs. The widow is then free to marry again.[32]

The less-known sequel to Onan's well-known ' coitus interruptus ' deserves mention here. Juda, after the death of his second son Onan, did not allow his third son, Elga, to sleep with Tamar. The latter, in her despair, disguised herself as a prostitute and solicited her father-in-law, from whom she later bore a child. Here the prostitution-fantasy has broken through, disguised, as a means to a most laudable end, i.e. the bearing of children to her dead husband's name.

The prostitute-widow has now a new significance. She is the extreme case, where the repressed desire has broken through with such violence that her mode of life has swung to the other extreme, and we realize at last the exquisite duplicity of the widows, who abandon all ornaments and go naked out of respect for the dead.

These last two ideas—that of the ' abstinence symptom ' and that of the ' break-through ' of the repressed desire—shew us, I think, the road to understanding of these ceremonies. We see these customs now as a mixture of repression of particular desires, protective measures against the same, and their final ' break-through '. The widow is fighting a battle on two fronts—against the demon of her projected hate, who demands the repression of all her sexual desires, and against the repressed desires themselves, that demand satisfaction with ever-increasing vigour. She at first attempts a compromise and the symptoms appear, but in the end the desires break through.

We can now return to the second half of our problem—to that of the psychology of the rest of the tribe to whom the widow is someone to be avoided, someone Tabu. We have already heard of one reason for their fear—the fear of the jealous dead, and have pointed out one fact which would tend to mitigate the importance of this. They are not, we learnt, so frightened of stealing a wife during the lifetime of

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[31] *Encyclopædia of Religion and Ethics*, under ' Purification ', p. 457.

[32] Riedel: *Verhandl. d. Gesellsch. f. Erdkunde, zu Berlin*, 1885 (*Das Weib.*, Vol. III).

the husband. We have now a further reason for doubting the importance of this. The rest of the tribe cannot be expected to have such strong ambivalent feelings towards the dead as the widow. Hence the 'projected' image will in their case be less ferocious. But we find on the contrary, that the rest of the tribe fear the widow, apparently more than the widow fears her dead husband.

A short quotation will perhaps make it clearer what this fear really is. The story is of a widespread occurrence. This one is taken from the *Traditions of the Arapho*.[33] 'There was a woman who was very handsome and who had been married several times. Her husbands would live a certain time with her, but when they knew her in the night-time they would die without shewing symptoms of disease. In spite of many dying at her side, others came and married her. One day a man felt suspicious about this woman's ill luck, and tried to see where the trouble came from, so he courted her for a short time and finally married her and settled down.

'The man who had just married the woman, anticipating some trouble ahead provided himself with a whetstone. When this man went to bed with his new wife he was, of course, very attentive. When the wife and the husband were lying together, she took the lead in conversation. Tandem aliquando vir cum uxore coiit. Haec valde liberalis fuit, et cruribus distentis eum exspectabat. Tum ille non membro suo sed cote. Usus non multum intravit. Vagina, cum sentiret, statim mordere coepit. Ille cum dentes inesse intellexisset, eos cote limavit. Ex illa tempore vagina innocens semper fuit'.

To assist us, we will try looking at the problem from another point of view. Let us ask ourselves if we know of any reason why the widows should be Tabu. Freud will help us again with a suggestion:

'Einen gewissen Anteil der Tabuverbote haben wir als Versuchsangst verstehen gelernt. Der Tote ist wehrlos; das muss zur Befriedigung der feindseligen Gelüste an ihm reizen und dieser Versuchung muss das Verbot entgegengesetzt werden'.[34]

The widows, who will certainly have come in contact with the dead, will therefore have become Tabu by infection. We can more easily evaluate the importance of this, when we remember that the widows and widowers are not the only ones to be isolated after a death. Any-

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[33] Dorsey and Krolber, Publication Chicago, 1903, p. 260. See also Bogoras, *American Anthropologist* (N.S.), Vol. IV, p. 667, for other examples.

[34] 'Totem et Tabu', *Gesammelte Schriften*, X, 78.

one who has come into contact with the body is usually isolated for some time. Many of these come into much closer contact with the body than the widow or widower themselves. Now it is clear that this second factor will have a similar ' isolating effect ' in all these cases. Hence the restrictions on, say, the grave-digger, will give us a rough idea of the part played by this factor in the restrictions placed on the widow. In this way we discover that this factor is of secondary importance. Both in length of time and severity of discipline the restrictions on the widow and widower are much severer than on the others.[35]

The suggestion made by Révész must now be considered here. He suggested that the widows were Tabu, because the others were in doubt as to whether the widows were pregnant or not. It is true that pregnant women are Tabu, but it is not clear why, if the doubt can lead to such a Tabu, many more women are not Tabu. This doubt might discourage others from marrying them, but cannot be a significant factor in the causation of the Tabu.

Having disposed of these two minor factors our task would be simpler if there were more ceremonies in this connection in which the rest of the tribe took part that we might analyse in detail. We find in fact, that there are only two types of such ceremonies. The first of these is the Sati. We have already analysed this a little and decided that ' killing out of fear of the widow ' was one of the underlying ideas.[36] The second is the orgy which ends the period of mourning. The custom among the Aaru Islanders is an excellent example of this. They perform, we remember, a mock copulation with a wooden penis and vagina.

The contrast between the two ceremonies is particularly striking. We cannot but be reminded of the similar one we found among the ceremonies of the widows. There we interpreted it as due to the ' break-through ' of a repressed desire. Is the same true of the rest of the tribe ? The evidence here is too scanty to admit of a decision, so we shall have once more to turn to the compulsion neuroses for assistance.

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[35] See article in *Encyclopædia of Religion and Ethics*, on ' Mourning '.

[36] The widows sense of guilt after her husband's death is clearly an import determining factor for this custom from her side, but as this has been dealt with so thoroughly by Freud, and as the widow's situation has nothing specific about it in this connection, I have intentionally rather neglected it.

Such neurotics often show interesting peculiarities in their attitude towards widows. Some can only attain to full potency with a widow; others only with women wearing black. Black clothing, on the other hand, reduces some to complete impotency; others must return home if they see a widow on the street. The following story gives a particularly good example of the former type, and at the same time sheds considerable light on the origin of these strongly contrasted feelings.

A man related how he was sitting in the box of a theatre. With him was the widow of the playwright, whose play was being performed. He stated that while making love to the lady under these conditions, he experienced the most intense enjoyment of his life. He described the feeling as one akin to that of triumph. The analysis showed later that this feeling of triumph was connected with the idea of removing a rival and taking his position beside the rival's wife.

The study of such cases makes the reasons underlying the Tabu of the widows slowly clearer. The connection between the man in relation to the widow, and the son, in relation to his mother, begins to dawn on us. The boy's childish fantasy, which had perforce to remain unrealized, can, later in life, find a partial fulfilment in the widow. The widow represents the mother, who, through the death of the father, can now be approached by the son.

The possibility of this partial fulfilment mobilizes all the old forces of repression and under certain conditions, i.e. when the 'Inzestverbot' and the ambivalence are particularly strong, this reaction will be so strong that the attraction to the widows will be completely repressed, and the fear will be predominant. Such is the case in the Tabu of the widows. It can best be described as a reaction against the temptation to realize those infantile incestuous aims.

We know, too, that the early death of the father can produce many different types of neuroses on the part of the son. In one type the increased temptation leads to increased protective measures from the side of the super-ego. The result is that, later in life, anything which is in any way associated with the previous situation (mourning, widows, etc.), produce impotence, by awakening the old castration fear.

In another type, the son realizes his incestuous fantasies to a certain extent, but, as he is not yet sexually mature, the result is usually fixation at an early stage of development, producing later a perversion or potency limited to the mother-widow type, i.e. he must be reassured by the widow's mourning that castration no longer threatens.

We find the same psychological constellation in Hamlet, but, as ' the funeral baked meats did coldly furnish forth the marriage tables ', the effect on Hamlet of his father's death becomes rather hidden behind that of the re-marriage. We see the same story in the case of Paul Morell.[37] Paul's rivals for his mother's love are all slowly eliminated. His father is shut out of the emotional life of the family ; one brother dies ; the other leaves home. The removal of each rival brings him nearer to his mother. The temptation becomes stronger and stronger. The repression of his physical desires becomes more and more complete. The result is that, when he turns to Miriam and Clara, the divorce between the tender and physical feelings remains. He can never love.

Shakespeare also provides us with an example which lies even nearer to our main theme. Richard, the Duke of Gloucester, meets Lady Anne as she is accompanying the funeral procession of Henry VI. Richard has been responsible for the death of both her husband and her father-in-law, but yet he chooses this moment to make love to her. It is certainly true that the marriage to her was all part of a well-thought-out plan, but why did Shakespeare choose such a gruesome background for Richard's proposal ? The similarity to the man who made love to the widow of the playwright in the theatre is very striking. We can also think of another widow who is in a very similar position. The Mincopian widows on the Andaman Islands, we remember, carry the skulls of their dead husbands hung over their shoulders. We can, by analogy, imagine how attractive they are to the other members of the tribe, but such attraction must remain unconscious. It tempts them to forbidden pleasures, and as their tender feelings are less developed, there is no possibility of the divorce which we find in the case of Paul Morell. The widow attracts them, but at the same time arouses the old castration fear, and out of this exquisite ambivalence the Tabu appears. It is not surprising that they used to kill the widows—they were a real danger, a danger to the repressing forces in each individual—but it is also not surprising that the repressed desire finally breaks through in the form of those orgies.

If we now return to consider the widows of our own time, we find that their attraction for us has lost some of its mystery—but none of its charm. A widow has a definite meaning for our unconscious—the father is dead, the way is free. We react more like the second type of

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[37] *Sons and Lovers*, D. H. Lawrence.

neurotics, which we described, while the primitive races correspond more closely to the other, but both types of reactions are deeply rooted in the Œdipus situation.

We find too, that the French widow was, to a large extent, right as she comforted herself 'le noir te va si bien'. Her secret really is 'Le noir'—although she herself has no idea of the psychical complexity and depth of the origin of this charm.

A. L. Cochrane.
(London.)

ABSTRACTS

General

Ernest Jones. ' Psycho-analysis and the Instincts.' *The British Journal of Psychology*, 1936, Vol. XXVI, Pt. 3, pp. 273–288.

The author points out the fundamental importance and the difficulty of studying human instinct and then gives a concise summary of the contributions of psycho-analysis to this obscure problem by sketching the development of Freud's own views. Freud's interest in instinct was at first only incidental to his study of dream and neurosis; its importance grew on him slowly, and only after thirty years did he venture to theorize about it. Since he was impressed from the start by the significance of conflict in human life, his conception of the mind has remained throughout a dualistic one. ' The terms in which he has at various periods formulated the nature of this conflict represent his contribution to the theory of instinct.'

For fifteen to twenty years Freud used as a working hypothesis the simple dual classification of ego instincts and sex instincts. This enabled him to formulate his theory of neurosis as due to conflict between ego and libido. His conception of instinct is psycho-physiological inasmuch as he regards the source of an instinct as a bodily stimulus. He distinguished between aim and object of instinct. Differences between instincts are due to difference in their sources, as he illustrated in regard to the ' partial impulses ' arising in the various erotogenic zones whose integration gives rise to the adult sexual impulse. Since instinctual stimuli arise within the organism and are always being engendered, they cannot be avoided by flight. Where they cannot be gratified through the outer world, they have to be dealt with by such means as repression, turning against the self, or reversal of aim. The plasticity of the sexual instinct, its capacity for displacement both of aims and objects, ' impressed Freud profoundly and inclined him to postulate a similar capacity on the part of other instincts and emotions. For instance, he speaks of love turning into hate. . . . This is a part of his theory that some of us find hard to follow, since it would appear to depart from a biological outlook. For long he also held the view that libido . . . when in a state of repression was converted into anxiety. . . . A quarter of a century ago I suggested as a more likely explanation . . . that excitation of repressed libido simply stimulated the fear component of the ego instinct and a few years ago Freud has himself come round to this way of regarding the matter '.

This simple dualism, ego and sex instincts, was disturbed by Freud's promulgation, in 1914, of the concept of narcissism, i.e. his recognition of a libidinal component in the ego itself. The antithesis now appeared to be between ego and object libido, and Freud was hard put to it to main-

tain his conception of conflict. Examination of ' resistances ' led to the discovery that childish self-love develops into love of an ego-ideal, derived in large part from the parents and from their standards. On the other hand, it appeared that resistances were often unknown to the patient, i.e. part of the ego itself must be unconscious. This part appeared to be derived from the internalization of the prohibiting parents and to act like an inner voice saying ' Check those forbidden impulses, else I shall punish you severely '. The genesis and structure of the super-ego is still obscure in many respects, but it soon became apparent that its severity was out of proportion to the severity of the actual parents. It derived from something in the child himself, since recognized as aggression.

Freud himself arrived at the concept of a non-erotic instinct of aggression through the discovery of what he termed compulsion to repetition, revealed in children's play, traumatic neuroses and ' transference ' phenomena. He conceived the idea that it is the instincts themselves that are responsible for the compulsion to repeat. ' He suggested that what called instincts first into being was violent external stimuli, the effect of which was later internalized. Instincts are there to counter these stimuli, to undo the effects of them, and to take the organism back to as near its original state as is possible.' ' Life itself inherently leads to death.' It is difficult to conceive of the aim of the reproductive instincts as death, since they constantly start life afresh. Freud therefore identified the libido with the Eros of the poets, the principle that creates, binds together and sustains all life. ' Freud's final duality was the division of the mind into two sets of instincts which he termed life-instincts and death-instincts respectively ' (Eros and Thanatos). ' Eros was visible and audible enough ; as Freud put it, from him proceeds the clamour of life. But what familiar mental manifestation can be recognized as proceeding directly from Thanatos ? Freud's conclusion is that the instinct of aggression is identical with the death instinct, but directed against the outer world '.

The theory of a death instinct ' is certainly not as yet to be regarded as an integral part of psycho-analysis, since it represents a personal train of thought rather than a direct inference from verifiable data '. Freud admits that ' the assumption of its existence is based essentially on theoretical grounds '. ' Whether there is a positive tendency to self-destruction, kept at bay by the life instincts, or whether, as is generally assumed, the life instincts have only a certain power of keeping going the complicated process of retaining matter in a " living " organic form and sooner or later become exhausted, is a problem on which we may reasonably hope to get light from biological and physiological research.' It is hard to say what is the essence of ' aggression ' or whether its aim is always annihilation. Psycho-analytical experience contradicts the anthropological view that man was originally a peaceful animal. In the first months of life the

infant responds with hate more readily than with love. It is difficult also to say whether aggression ever appears except in association with other impulses, e.g. erotic ones, or as a response to frustration. The purely psychological part of Freud's ' latest theory may be regarded as assured, that our life consists of nothing but a struggle between love and hate '.

M. Brierley.

J. C Flügel. ' The Tannhäuser Motif.' *British Journal of Medical Psychology*, 1936, Vol. XV, Pt. 4, pp. 279–295.

(1) The Tannhäuser motif, which represents a triangular situation between two women and one man, is met with less often than the usual Œdipus motif of two men and one woman.

(2) When encountered, it does not usually correspond to the feminine Œdipus or Electra complex, but is stated from the masculine point of view.

(3) From such a point of view it may represent a conflict between attraction to two sisters or between wife and daughter, though in the latter case the transference from wife to daughter may be, so to speak, only a further step in the process that led to the original transference from mother to wife.

(4) The change of object may also involve a change in the nature of the love, e.g. (*a*) from that of tenderness and esteem to that of sensuality, though the object of sensual love need by no means always be looked upon as ' degraded ' in the ordinary sense, (*b*) from a predominantly anaclitic to a predominantly narcissistic (and phallic) object-choice, in which connection beauty, as Wittels has recently suggested, may serve as a substitute for the phallus.

(5) The concept of the mother with the penis and the equation of child and penis may serve as bridges between the anaclitic and narcissistic (phallic) types of object-choice.

(6) Both the love-objects, however, are ultimately one, since both derive from the mother, though in some cases the process of displacement may be more complete and permanent (and perhaps also more free from the sense of guilt or infidelity) than others.

(7) A common type of Tannhäuser motif appears to represent a conflict between object-choice of a ' feminine ' type and of a type that represents a fusion of the infantile over-valuation of a supposedly phallic mother with the narcissistic projection of certain elements of the lover's own personality.

Author's Abstract.

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Ernst Paul Hoffmann. ' Projektion und Ich-Entwicklung.' *Internationale Zeitschrift für Psychoanalyse*, 1935, Bd. XXI, pp. 342–373.

The central part of Dr. Hoffmann's theme seems to be the power of a strongly emotional state (when the ego is either undeveloped or is overpowered, or both) to bring about a certain type of identification or unity between subject and object, in which the object (and the whole environment) seems to share the emotional state of the subject, good or bad. The subject confers pleasure or pain on the object, in this sense, just as much as the subject credits the object with the power of determining his own emotional states, the phenomena of projection depending on the ' double unity ' (*Zweieinigkeit*) of subject and object ; that is, the libidinal stream from subject to object is exactly the same, subjectively, as that from object to subject.

The author starts from an inquiry into the reason of the ego-weakness found in addicts of all types, connecting it with faulty development. With many references to authorities on narcissism and ego development, he himself distinguishes between the awareness of an object's presence and the cathexis of the object, giving some explanation of the way in which an idea develops out of a perception.

Dr. Hoffmann provides some interesting case material shewing the return of (or regression to) past developmental stages of the ego, in the form of two different kinds of narcissistic experience.

The patient was subject to states of alienation and depersonalization, both of which she called ' depressions '. One type of narcissistic experience resulted when the patient, in spite of being forewarned by her analyst of a probable delay in his arrival, got into a panic on his non-appearance, although with no thought of possible disaster to him. Having greeted him delightedly when he came, she suddenly relapsed for some minutes into complete silence. Returning to herself, she declared that the joy of his arrival had made her completely forget that he was there. That is, says Dr. Hoffmann, the object—the analyst—had served first to relieve the patient of the panic, and secondly to sink into a state of pleasurable primary and objectless narcissism ; the object having fulfilled these functions, the patient withdrew the cathexis, and he could be ' forgotten '. The second type of narcissistic state was observable once only. On this occasion the complete satisfaction (according to the same patient's own account) of the object libido passed directly into a state of narcissistic bliss. This happened after the analyst had entrusted her with his door key. But this time the object-cathexis remained conscious, and the narcissistic libidinal satisfaction of being trusted—and therefore loved—brought about an extension and enrichment of the ego. This is to be contrasted with that impoverishment of the ego which, according to Freud, marks the height of the state of being in love. Dr. Hoffmann distinguishes the ego enlarged in the way described, in the process of development from id to ego, from that which has the functions of reality

testing, control of motility, etc., calling the former the ' early ego ' (*Früh-Ich*). The object cathexes belonging to it serve only for satisfaction of narcissistic libido ; and this ' early ego ' reacts *as a whole* to any alteration wrought in it by the object, which seems to belong to, or form a part of it ; that is, it reacts with the whole of its undifferentiated narcissistic libido. Object cathexis and object libido are interchangeable at this stage ; the true object-libidinal relation being established when, without anxiety, the non-satisfying object is *felt* as well as *known* to be a part of the external environment—in other words, when painful emotion does not interfere with either libidinal or intellectual links. When this state is not fully achieved, the subject needs to gain parallel satisfaction of narcissistic and object libido from the same object at the same time—the early ego's demand for satisfaction of the total libido persisting in this form.

Adaptation to reality and development of true object libido are forwarded by the voluntary release of the object to form part of the environment instead of belonging to the early ego, identification with such a released object forming the developmental bridge—a form of identification which must be distinguished from the earlier total one of the primitive narcissistic ego ; it possesses an object cathexis absent from the latter, and is both a compensation for the loss of the object and a method of retaining it. The primary form precedes sexual object choice ; the pleasurable self-feeling of the subject is the result of complete similarity with the pleasure-giving object : the object is the source, the subject the receiver of pleasure. Clinical material supports Federn's view of alienation and depersonalization states. Simultaneous satisfaction of both ego and object libido are necessary for full experience of a psychical act ; an ego-boundary not narcissistically cathected induces alienation, particular parts of the ego being affected, as was formerly the whole ego. Excessive cathexis produces ecstasy, the ego reacting as a whole, like the ' early ego ', which it still is. The normal process involves only a temporary and partial extension of the ego-boundary.

The author comes to the conclusion that the state of affairs in which the ' early ego ' feels subjectively pleasure-full, and therefore the object appears pleasure-giving, affects the addict's relation to his particular drug. The ego-forming type of identification, involving the destruction of the former unity by voluntary renunciation of the object and the employment of part instead of the total libido, Dr. Hoffmann contrasts with the melancholic state, and also with a patient's identification with the Christ-child, following longing for him and absorption in the thought of him—explained as a regression to a primitive oral phase of object possession and identification without distinction between subject and object. On the other hand, instead of endeavouring to retain the object whose loss is threatened, and reacting normally with grief to the actual loss, the

primitive ego still remaining in the adult feels the threat to be as actual as its fulfilment, and reacts in the same way in both cases, that is, totally—an explanation of ' signal ' anxiety. It is thus left without any power of gaining satisfaction or protection from anxiety, or of mastery of libidinal trends. Also total ' pleasure ' resulting from a minimal pleasurable stimulus can just as easily become total ' pain ' resulting from a minimal painful stimulus.

More clinical material is given to shew a prevailing erotic desire for complete unity with the object. This Dr. Hoffmann explains as a primitive desire for exact similarity in both centrifugal and centripetal libidinal streams, in genital and anal as well as oral relations, and in mystical states. He distinguishes, in this desire for unity, that for reunion with an object previously renounced to form part of the environment, and the ' double unity ' of the primitive ego existing alongside, in which subject and object feel the same, and the subject feels that he receives what he is actually emitting. A temporary and slight form of this feeling is normal in comparison with the more permanent paranoic form. As compared with the voluntary renunciation of the object, a traumatic separation of primitive ego and object in the state of ' double unity ' may mean, as in schizophrenia, that the separated object is felt to be entirely similar to the primitive ego. Therefore the resulting desire for unity will be in the form of a desire for union of similars (as in a twin-sister phantasy)—but the subject waits for it to be conferred, doing nothing himself to bring it about.

M. N. Searl.

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Paul Schilder. ' Psychopathologie der Zeit.' *Imago*, 1935, Bd. XXI, p. 261.

The world of primitive experience is one of movement and change dependent on temporal experience. Time is a perception, part of the outer world, but also an experience in ourselves.

Alterations in the perception of time are described : in ' déjà vu ' and depersonalization ; in obsessional neurosis and depression, where the sadistic positions require eternity of torture or destruction ; in schizophrenia, where time becomes empty from withdrawal of libido. Time is connected with anal erotism and hunger (Harnik and Jones) and the relation to objective time can be altered by all sorts of instinctual impulses. Ideas about the future are vague and symbolic, depending on the current libidinal state.

In mescaline and hashish intoxication time disorder is not primary, and there is always a disturbance of general perceptual function.

Psychogenic amnesia demonstrates repression of time perception ; experiments in sleep shew that external stimuli are not essential for estimation of time.

Remembering the past is a constructive process and actual time perception is bound up with it. The time of the physicists is useful for forecasting the mechanical side of life, but is one-sided. The experience of time, like that of death, is not unitary, but depends on the instincts and impulses of the living individual, which by a process of construction give form to objects and to their relationship in time.

W. H. Gillespie.

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Yahannes Landmark. 'Freud's Conception of Instinct and the Erogenous Zones.' *Imago*, 1935, Bd. XXI, pp. 345–351.

The biological hypotheses of the sexual instinct which are occasionally mentioned by Freud are examined and discussed with regard to their compatibility with modern physiological theories. One chemical hypothesis which is regarded as compatible both with analytical and physiological knowledge is given in greater detail.

H. A. Thorner.

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Imre Hermann. 'Das Unbewusste und die Triebe vom Standpunkt einer Wirbel Theorie.' *Imago*, 1935, Bd. XXI, pp. 412–428.

Curved (*krumm*) motion is the primal form of movement, and in the same way indirect methods belong to the primitive part of the psyche, the id; instincts are vortical; direct movement and method are due to the sense organs which are the basis of the ego.

I. F. Grant Duff.

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CLINICAL

Ludwig Eidelberg. 'Das problem der Quantität in der Neurosenlehre.' *Internationale Zeitschrift für Psychoanalyse*, 1935, Bd. XXI, p. 286.

Eidelberg suggests the use of the comparative method as the available means of satisfying the demand for exact measurement if psycho-analysis would be classed as a science. Relying on Freud's work on libidinal types he attempts the application of the method to these alone, here rejecting the possibility of that quantitative comparison between different neuroses which he has since attempted. By the comparative method he hopes eventually to find answers to the following queries:

(1) Do Eros and Thanatos play quantitatively similar rôles in *every* neurosis, or do we always find the same values in *specific* neuroses? (2) Is the intensity of defence against an id impulse always in direct proportion to its quantity, or is it in different neuroses that we find a corresponding difference in the intensity of defence mechanisms? (3) Are the tendencies to activity and passivity equal in *all* neuroses or can a regularity of variation be found in the particular neuroses? (4) Has the pleasure or

alternatively the Nirvana principle the same quantitative significance in all neuroses ?

Eidelberg proposes something like a series of standard formulæ shewing (*a*) Thanatos and Eros combined in comparable quantities to form the predominantly aggressive and the predominantly sexual instinct fusions ; (*b*) the relative a mount of these two in oral, anal, phallic and genital stages ; (*c*) the allocation of oral, anal, etc., libido in estimable proportions to the three instances of the id, the ego and the super-ego. For example, if a standard of ten units be taken to represent normal object libido in the proportions of two oral, two anal, two phallic and four genital, we might estimate that one patient had four oral, two anal, two phallic, and two genital libidinal units Taking into account the quantitative (also to a certain extent variable) limits of libidinal satisfaction set by the different capacities of the organs of the body, the author considers the possible variations of these hypothetical libidinal units in regression, displacement, repression, symptom formation, and change from object to narcissistic (quantitatively undifferentiated) libido. The latter is an important point. Eidelberg contrasts the state of affairs in which, as a result of repression of additional and unsatisfiable object libidinal (e.g. oral, formerly genital quantities), (*a*) these change quantitatively into narcissistic libido, and are added to the narcissistic libido of the id (result, lessening of one function, increase of another part of the personality, no neurosis, a ' libidinal type '), (*b*) the additional object libidinal (e.g. oral) quantities retain their quality and act as an irritant in the narcissistic libido of the id (result, a neurotic symptom, or, with more complicated mechanisms, a neurotic character, a perversion, or a psychosis).

M. N. Searl.

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Sàndor Lorand. ' Fairy Tales and Neurosis.' *The Psychoanalytic Quarterly*, 1935, Vol. IV, No. 2, pp. 234–243.

The fears of the patient derived their form and ideational content from fairy tales told him by his mother. The fairy tales had helped him, in childhood, to a temporary solution of the conflicts centering around his Œdipus situation. His attempt to make the same material, incorporated in fears and fantasies, serve a like purpose, when forbidden wishes were reactivated by the birth of his own son, failed because the original Œdipus conflict had been only partly solved. The author points out that fairy tales may either help or hinder a child in the solution of his conflicts, depending largely on the circumstances under which they are related. In many cases they increase the child's anxiety by furnishing means of increasing his guilt for stolen pleasure.

Lucile Dooley.

APPLIED

Melitta Schmideberg. 'Zum Verständnis massenpsychologischer Erscheinungen.' *Imago*, 1935, Bd. XXI, H. 4, pp. 445–457.

When the civilized adult is able to deal with his instinctual urges and irrational anxieties by expressing them in a rational form, we call him normal. When he has recourse to irrational methods of gratification and control we say he has a neurosis. It is not enough simply to investigate pathological phenomena ; we are bound also to consider the ways in which anxiety is worked over normally. This is as true of the group as it is of the individual.

The author proceeds to examine three of the 'normal' defensive policies adopted by the social group.

(1) *Work* provides an outlet for primitive instinctual drives, but its psychological significance is not confined to this. It helps the individual to atone for his sadistic impulses ; it relieves his irrational doubts and feelings of inferiority, i.e. inspires him with confidence in his powers ; because of the monetary reward attached to it, it allays fears of helplessness and starvation and other deep anxieties ; and finally it symbolizes a satisfactory relation to society. Unemployment leaves this line of defence in ruins. The grave psychological situation which ensues is brilliantly described.

(2) *The newspaper*, which has always existed, if it has not always been printed, provides harmless substitutive outlets for the individual's sadism ; enables him to place his irrational anxieties on a rational foundation (e.g. fears of poverty can appear suitably disguised as concern over the soundness of America's financial policy) ; and relieves his guilt and anxiety, since he reads also of disasters averted, measures taken to alleviate distress, etc.

(3) *Crime* performs an important stabilizing function in the life of the community. It is a serious question whether in the event of punishment being abolished and so ceasing to provide a channel for the discharge of sadism, the effects would not be felt in greater proneness to war and revolution, or again in an increase in neurosis or in the accident mortality rate.

The criminal provides us with a respectable cover for our animistic fears and helps to make it easier for us to overcome them (it is easier to conduct a campaign against crime than against evil spirits). Besides this, he acts as scapegoat for the criminal impulses of his non-criminal fellow-citizens. It is indeed for them that penal laws are really designed. The absence of such laws would be felt in increased mental conflict easily leading to neurosis rather than in an increase of crime itself.

No wonder then if the most laudable efforts to abolish crime and relieve distress have proved comparatively unsuccessful. Society might be

compared with a neurotic who makes great conscious efforts to succeed but unconsciously does everything to secure misfortune. It would be important to investigate the unconscious factors obstructing social progress.

It will be for the future to discover precisely how psycho-analysis must be adapted to the investigation of group phenomena. But we have already learned some useful lessons from psycho-analysis of the individual, e.g. not to over-estimate the importance of precipitating factors, to pay attention to details, not to consider a particular manifestation in isolation. An ideal analysis of (say) a revolution would have to take into account the psychology of the supporters and opponents of the movement as well as of those who took no active part in it and of the outstanding personalities of the time; the interplay of economic and psychological factors; the question why this particular solution was adopted rather than another and why it was not adopted earlier than it was; the cultural achievements, religion, morality, the educational system and mode of life prevailing in the community in question and much else besides.

H. Mayor.

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Sàndor Lorand. 'Ein Beitrag zur Psychologie des Erfinders.' *Imago*, 1935, Bd. XXI, pp. 480–488.

The author reports case material in order to shew the psychogenic factors which run parallel with a biological predisposition to art and invention.

I. F. Grant Duff.

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Emilio Servadio. 'Psychoanalyse und Telepathie.' *Imago*, 1935, Bd. XXI, pp. 489–497.

The author discusses telepathy in clinical analyses, in dreams and in the waking state. Telepathy should be more taken into consideration during psycho-analytical treatments than it is. The mechanism of telepathic hallucinations is allied to the mechanism in amentia. From the topical standpoint the telepathic happening occurs between the unconscious and the pre-conscious.

I. F. Grant Duff.

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M. E. Opler. 'The Psycho-analytic Treatment of Culture.' *The Psycho-analytic Review*, April, 1935, Vol. XXII, No. 2, pp. 138–157.

Psycho-analytical theory and anthropology, having started in close accord, have diverged materially, because the psycho-analysts have failed to modify their original theories in accord with later anthropological findings. Certain anthropological data on which the Œdipus complex, for example, rests, have been proven to be less than universal truths.

Similarly anthropologists have found simpler and less recondite explanations for primitive customs than those presented by psycho-analysis. However, the two lines of thought converge again in Freud's theory of id, ego and super-ego, which correspond with the anthropologists' biological man, individual personality and total culture. Upon this basis the two disciplines seem likely to be able to resume co-operation in further study of preliterate man.

Lucile Dooley.

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Heinrich Meng. 'Strafen und Erziehen.' *Zeitschrift für psychoanalytische Pädagogik*, 1935, IX Jahrg., H. 4, pp 293–300.

In this lecture (written independently of his book, which bears the same title) the author discusses the principles and practice of punishment in relation to upbringing.

H. Mayor.

BOOK REVIEWS

The Unknown Murderer. By Theodor Reik. Translated from the German by Katherine Jones. (International Psycho-Analytical Library, No. 27, Hogarth Press, London, 1936. Pp. 260. Price 12*s.* 6*d.* net.)

This book was reviewed in this JOURNAL, 1934, Vol. XV, Part I, pp. 87–90, and the present volume is an English translation.

E. J.

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The Dangers of Being Human. By Edward Glover. (Six Broadcast 'Talks' and two Appendices.) (Allen and Unwin, London, 1936. Pp. 206. Price 5*s.*)

It would be an interesting and perhaps not a vain exercise of fancy to imagine a series of broadcasts on the dangers of being human as they would have been given in the Middle Ages, and another in the period prior to the Great War, and then to compare them with the one before us. The first would have been in the main *theological* and would have dealt with the dangers from God's wrath on account of man's sinful nature. The second would have been predominantly *biological* and would have discussed the struggle for existence and either the risks to mankind from an epidemic due to a germ that had not been discovered or that had acquired an enhanced virulence, or else the danger to our food supply from a mutation in the insect world. It is unlikely that a B.B.C. of the pre-war period would have given the microphone to a psychologist at all, but the times have changed, and the broadcasts given in the Autumn of 1935 and here reproduced in book-form were devoted exclusively to the *psychological* dangers discovered by psycho-analysis.

The book makes the identification of the writer with psycho-analysis quite clear, and on the title page the author selects from the numerous designations he had at his command only one, 'Director of Research, London Institute of Psycho-Analysis'. To the British public all psycho-analysts are represented by this book and the broadcast lectures on which it was based, and therefore a review of this book cannot confine itself to a consideration of Dr. Glover's individual views, but must also consider it as a public statement of our science in relation to social problems. Dr. Glover deals with the psychological dangers with his accustomed vigour, and no reader can be left in doubt that that peril of being human which comes from unconscious mental forces far exceeds in urgency and importance all other dangers put together.

The book emphasizes man's unconscious preoccupation with death wishes and destruction, and points out how little this preoccupation is realized by the community. Three cases are described of persons whose severe obsessional symptoms consisted in the belief that if smoke from a

bonfire blew into the next-door garden the neighbour would die. Our interest is roused in the three instances, and then we are told that one lived in a modern civilized country and the other two were sorcerers in New Guinea, the main difference between them being that the civilized man struggled against his impulse to spread destruction and the others practised black magic as a profession. Dr. Glover then summarizes: ' If we can prove that civilized man is subject to the same primitive habits of mind as the so-called untutored savage we have opened up a vista of possibilities ' (p. 34). Some of these primitive habits of mind are thoroughly exposed, and the author makes it clear that ' behind the crust of modern civilization . . . there lies concealed a more ancient mental structure '. This ancient mental structure, however, is important, for ' without it man would slip back to the bestial state from which he so painfully emerged ' (p. 48). The principal and most difficult steps, we are told, in the evolution of human culture was the development of projection, ' for without [it] there would be no science, no art, no literature, no philosophy . . . and no religion '. Projection is thus not merely a dangerous peculiarity (an unexplained impulse to attack others); it is an attempt to master instinct (p. 47). Here lies the secret of man's irrationality; the ancient methods of mastering instinct survive and control his destinies. A section of the book is entitled ' Civilization's choice of scapegoats: crime or ill-health ' (p. 71), i.e. an unconscious load of guilt expresses itself by neurotic illness, crime or inhibition.

At this point the author leaves clinical exposition and begins to deal with politics. Aggression is caused by fear and we project our hate on to our political opponents or national enemies, whitewashing ourselves thereby. ' Politics [is] the Sanctuary of Unreason ' (p. 112) and ' one of the healthiest signs of post-war times is the degree of contempt into which politics and political leaders have fallen '. Right and Left wings come in for severe criticism and the Centre in England is described as a party giving lip-service to reason, but with a profound faith in the virtues of inhibition. Another great danger in political life is the over-idealization of eminent persons, the forming of idols, who are cast down as quickly as they are set up, and for equally irrational motives.

At the end of the book there are two chapters that were not part of the broadcast, one ' On Voting at General Elections ', the other on the League of Nations. No comment need be made on Dr. Glover's apologia for voting as he did at the General Election in November, 1935, though it makes depressing reading when an author who has contempt for politics justifies his vote in public. No description of this book would be adequate which did not convey some impression of its manner and method of presentation. One cannot help feeling that one of the author's main intentions is to startle his audience, and his colleagues, as will be seen, will

be surprised by some of the matter as well as by its presentation. No one will be able to read the book without getting many jolts, but whether this is the best solvent for the smugness which Dr. Glover attacks remains to be seen. A regrettably large portion of the book is devoted to taunting comment. If Dr. Glover had controlled his sarcasms, his gift for popular exposition would stand him and psycho-analysis in good stead, but apart from questions of taste it is probably impolitic and certainly unscientific to pour ridicule and contempt on well-intentioned and serious men and institutions.

Let us now turn to the parts of the book where Dr. Glover offers a remedy. The author, who is aware that ' a one-man party is not without its dangers ', puts forward a new political conception, which he calls a Culture Transmission Party. Education is an ' environmental thrust against the instincts of man ' (p. 138), the dictionaries are wrong in speaking of it as a drawing out of the capacities of the individual, in fact the main aims of education are to thrust back, to inhibit and sometimes to smash the capacities of the individual. ' From the moment of birth, the infant is surrounded by influential figures who make it their business to inhibit, check, reprove and punish . . . the child [is] treated . . . as if he were a dangerous animal rather than the offspring of parental love . . . ' (p. 138), and the author believes that this is not only true of the past, but also of the present, ' by about the 1960's the reaction of our present-day children to the Georgian era will be charged with hostility compared with which the contempt of the Edwardian for the Victorian Age will appear a form of filial piety. And I think ', he adds, ' the verdict will be justified '.

He offers the Culture Transmission Party as an escape from ' Our Stone Age Mentality ' (p. 153). It will consist in the reduction of fear in children. ' Suppose . . . that our only chance of relieving infantile fears is to behave in a more Christian manner to children, where do these suppositions lead us ? ' Mothers are to look after their own children, these are to have numerous schools to which they can go voluntarily, one house in four will be an infant school, the aim will be to give the child an environment as free as possible from harassing anxieties. ' Provided they are not intimidated parents can be counted on to display a reasonable amount of goodwill towards their children.' The author is aware that some of his readers may regard him as a Utopian or a reformer, people for whom he keeps a special quiver of darts, and says that he is not attempting to reform either parents or children. A key to his outlook is found in these words (p. 165) :

' It is indeed remarkable how frequently the researches of the psycho-analysts into the deepest recesses of the mind confirm the conjectures of some of the world's deepest religious thinkers. Psycho-analysts have pursued the problem of conscience beyond the frontier of consciousness,

and the further they go the nearer they come to the concept not only of original sin but of godlike perfection. In his introduction Dr. Inge expressed some regret that Freud had openly referred to religion as an illusion. . . . But Dr. Inge should not have confused the attitude of natural science with the attitude of psycho-analytic science. So far from being antagonistic to religion, psycho-analysis has done more to add vitality to religious principles than any official body in the world with the possible exception of the Salvation Army. Indeed, psycho-analysts are more logical in their application of principles than any cleric or reformer. The average religious-minded individual is inclined to be satisfied when he carries out his precepts in his relation to equals, that is to say, to other adults. Psycho-analysts having made contact with the powerful reassuring and recuperating functions of Love in man's unconscious, have returned to everyday life with a renewed sense of conviction. They find that religious institutions have not had the courage of their own convictions. They have neglected one of the most obvious outlets for their love-energies, the reduction of fear in the younger generation. In short, to the injunction " Love thy neighbour as thyself ", the psycho-analyst has ventured to add " Love thy children better than thyself ".'

The most pronounced feature of the book is the vigorous attack on the prejudices of mankind ; its idols are held up to ridicule and its weaknesses made plain. The polemical tendency, as so often is the case, leads to superficial exposition ; although the book makes frequent references to the distinction between conscious and unconscious levels of the mind, the author himself often loses sight of the distinction. He makes the following statement when discussing the three persons with obsessional symptoms referred to above :

' If, watching the progress of an Australian black-fellow down Whitehall, armed with spear and bull-roarer, we were told that this primitive savage was Principal Secretary of State for Foreign Affairs, most of us would experience surprise, if not positive alarm. We certainly should not wish him to be entrusted with the handling of a European crisis. Yet the curious fact remains that, in an age when examinations have become a positive fetish, no country in the world takes the trouble to examine the mental stability of its statesmen and administrators. So long as they look comparatively sane and are good party men we simply trust to luck for the rest.'

It should have been pointed out in this connection that the leaders of a group owe their position to the fact that they embody the *unconscious* hopes and wishes of the people ; the imputation that politicians are at bottom like primitive savages and the electorate stupid in their method of selection gets us no further with our problem. Furthermore, the special

' art ' of political life, to reflect as well as to give expression to the masses, is ignored.

A second criticism concerns a general tendency displayed throughout the book. The author is quick to point out the dangers of projection, but he does not make use of his clinical experience as a guide in his handling of his public. If we point out to a patient his destructive impulses he is likely to look about for someone to shoulder the burden, to say, for example, that he was harshly brought up ; above all things, the analyst must not point the way in the patient's search for scapegoats, for if he does the patient loses insight into his own mental processes. Unfortunately Dr. Glover has not avoided this pitfall in his book, the scapegoat is the politician, and there is not a reference to Foreign Secretaries that is not disparaging. He says, ' One of the healthiest signs of post-war times is the degree of contempt into which politics and political leaders have fallen ' (p. 112). It may be doubted whether contempt is a reliable sign of mental health, and it strikes us as odd that such an absolutely necessary social function as politics should be scorned in such a manner. The book that politicians are, by implication, told to read (Freud's *Group Psychology*) takes a kindlier view of human organizations, and, speaking generally, this view is shared by psycho-analysts. But we are less concerned with the question whether politicians merit contempt than with this matter of the author's providing scapegoats, which seems to be thoroughly unsound. When he leaves the field of politics and turns to education, he employs the same process : education is shaped by animistic reactions, it is aggressive and based on savage beliefs and savage rituals. For instance, *apropos* of examinations, he says that the student is ' liable to be grilled by a rather bored university professor with some of the refined remorselessness which prolonged residence in a cultural institution tends to induce ' (p. 144) —another scapegoat has been produced and most unfairly used.

The author says that parents inhibit, check, reprove and punish their children as if they were dangerous animals ; but a few pages later we are told that if they are not intimidated parents shew good-will to their offspring. He does not tell us what sort of things intimidate parents, and once more he misses a chance to distinguish between conscious intimidation and unconscious fear. Nor does he develop, except in a short case history of a criminal, the sources of the guilt and anxiety in the infantile phantasies. Admittedly it is not easy to make this clear to the public, but it would have been a worthy task for Dr. Glover's great gift of clear exposition ; instead the issues are confused and many psycho-analytical contributions of special importance are neglected. For instance, he says that mankind harbours ' jungle impulses ' of excessive aggressiveness, irrational fears and a load of guilt. This is true as far as it goes, but an essential point is missing which, if included, would give more balance to the picture. The

author is right in pointing out the great importance of primary aggression and also the fact that fear increases aggression. But he overlooks the very great importance of the unconscious restitutive tendencies to make good where in phantasy damage has been done, and he does not point out that man's excessive fears, sorrow and conflicts are in large measure due to the dread lest the things loved (the good objects) should be endangered by his own violence. Nor does he mention that the feelings of guilt have an important place in the development and intensification of the impulse of love. It is misleading simply to speak of jungle impulses : in the jungle such impulses are for the most part harmless to the species itself, because among animals aggression is not directed in large measure against loved objects. But with man it is different. In the infantile phantasies it is just these valued objects that are put in danger by the subject's own aggression, and the displacement of the attack on to strange and unloved objects is a defensive manœuvre arising out of regard for what is prized and near at hand. Perhaps Dr. Glover had this process in mind when he said that projection was the first step in the development of culture, but if so it is not easy to see why it was, as he says, such a difficult step.

The book does not sufficiently develop the theme of reaction against primitive impulse, expressed among other ways in the urge to restitution, and it is improbable that the average reader can grasp the proper significance of the destructive impulses if these are examined in isolation. Clinical experience once again should have helped Dr. Glover on this point, for when we point out not only the aggression but also the tendencies to save and repair loved objects as well, the patient is less likely to project the former, partly because we are giving a fuller and more correct interpretation than when we only indicate the aggression. We might even say that the dangers to which we are referring (due to aggression turned against other objects in order to save the loved ones) could only occur in a species that had developed a high capacity for love ; the impulses of destruction alone do not account for the phenomenon.

A good friend of our science, and one to whom the author of this book is much beholden, said in a private conversation that the lectures did not explain the course of evolution. He had no objection to the theory of a *vis a tergo* (he did not want to see Jungian views introduced into the science of psychology), but he had looked for the formulation of a principle which would explain the tremendous urge that man is under to construct, to experiment and, according to his lights, to better himself and the world around him. The point is a sound one, and it was pleasing to be able to assure our friend that psycho-analysis has made important discoveries along the lines he indicated ; it was also agreeable to be able to state that these researches had been done for the most part in London. Dr. Glover comes near to meeting this point and is then carried away on a cross-

current. In the account of the three obsessionals already quoted, he points out that the civilized man struggles against his impulse to spread destruction, the savages mentioned do not ; and yet he speaks of the projection of death-dealing impulses being the origin of science, culture and the arts : there is again something missing, namely, the *interplay* between the tender and destructive impulses, which bind the latter and enable them to be put to cultural uses. The indications of cultural progress mentioned in the book are too meagre ; taking as a definition of civilization ' a process of delaying the gratification of instinct ' (p. 93), Dr. Glover says that ' there has been no essential difference between the European and the savage since cannibalism was abolished among savages ' (*loc. cit.*). The statement is certainly arresting, but turns too much on the meaning of the word ' essential ' ; the ' abolition ' of cannibalism is important, but the factors which facilitate the absorption of the cannibalistic impulse into the working mechanisms of the ego are more important for consideration than the abolition of an adult act. Once more the distinction between adult and child, and between conscious and unconscious, is not clearly enough drawn. Had he spared us some of his rather lengthy sarcasms he might have found place and occasion to give to the public some idea of the all-important processes by which the child takes in ' goodness ' from his loved objects, and thus builds up a culturally and personally useful super-ego.

His use of the word introjection in the index is to say the least confusing : ' INTROJECTION, *see* " In-turned " '—and we are referred to a description (in the section on ' The Dangers of Pacifism ') of the absorption of frustrated external aggression by the in-turning of the aggression against the self. He says of this in-turning of aggression and of projection ' Without discounting for a moment the significance of other mechanisms, these two alone enable us to make predictions as to human conduct '. This statement may be seriously questioned. The two mechanisms alone as he describes them do not account for the development of culture and therefore are insufficient for purposes of prediction.

This brings me to my last criticism, which will be illustrated from the paragraph quoted about loving one's children better than oneself. By ignoring the process of introjection and the building up of a helpful super-ego, by ignoring also the genetic development of the love-impulses, by over-stressing projection as a cultural advance and leaving aside the interplay between the tender and reparative and the destructive impulses, Dr. Glover has very little to offer in the way of explanation of progress or of hope for the future. It would seem that the forces of love are to be mobilized in an intense way to reduce the anxieties of childhood. There are two points to consider here, the first is Dr. Glover's injunction to love one's children better than oneself. It is a fair criticism that a conception (put forward on the wireless and in book form in the name of psycho-

analysis) which goes flatly counter to one of its fundamental theories should have been discussed beforehand in a scientific meeting ; the notion that an object love of this ego-emptying intensity, which is not a natural development of man's instinctual endowment nor a universal tendency in him, could be either stable or desirable requires the most careful examination, since if it be true most of our conceptions must prove false. The alternative is that this keystone of a Culture Transmission Party is an illusion.

A second point in connection with the same quotation : Dr. Glover is at pains to dissociate himself from Utopian and reformers, but he is clearly determined to keep on good terms with those who identify themselves with religion ; in this endeavour he should have been careful to convey an accurate impression of psycho-analysis. To couple psycho-analysis with the Salvation Army as two forces which have added vitality to religious principles would convey to a listener or reader knowing nothing of psycho-analytic technique the impression that we practise some energetic and ' vitalizing ' method comparable with that of the Salvationists for reducing the tension of guilt, and those readers with a capacity for constructive scepticism may wonder whether psycho-analysis will prove any more effective as a method for dealing adequately with the needs of ordinary people than has the Salvation Army.

What our science is concerned to shew is that man's need is not so much a removal of aggression, nor a once-and-for-all escape from guilt by personal or vicarious sacrifice, as an increased capacity to tolerate and thus be in a better position to deal with the feeling of guilt which it is our inevitable lot to experience, especially in our early object-relationships. Dr. Glover does well to turn our thoughts to the vitally important problem of child-rearing, and we should welcome all that he has to tell us in the way of practical advice in reducing as much as possible the child's fears and feeling of guilt ; but instead he gives us an injunction that reaches beyond the heaviest demand of the Founder of one of the strictest religions on earth. By laying the stress on parental love he avoids the issues with which psycho-analysts and, we believe, the human race is faced : the burden of inevitable infantile guilt and anxiety on the one hand, and the development of love, social conscience and sublimation on the other. In his later (and less productive) years, Ferenczi also spoke of ' the powerful reassuring and recuperating functions of Love in man's unconscious ' (p. 166), and his attention slipped away from the problems of guilt and of the struggle of the unconscious to make good the damage done in aggressive phantasy. There seems to be no room for both a magical belief in love and a scientific study of guilt in the same system of treatment—for Dr. Glover's paraphrase of Jesus' injunction veers perilously near to reliance on a magical omnipotence of love. It is well for the public to be told that psycho-analysis is not only concerned with man's crude erotic and aggres-

sive impulses, and it is good they should know that we recognize the deep sources (in the unconscious) of the impulse of love. But Dr. Glover does not develop this important theme, it is merely left as an injunction, and as such will probably be ignored. It is of great importance that the public should be given a chance to understand the distinction between what we analysts call a ' love cure ' (which might well be inferred by an ordinary reader from the words ' contact with the powerful . . . functions of Love in man's unconscious ') and the ' reassurance and recuperation ' that comes from a recognition by the patient of the interplay of tender and reparative with destructive impulses, and the relation between guilt and love, which unconsciously mould so much of man's social life. Also the reaction of the public must be taken into account in books and discourses of this kind, and though the reader is not a patient, he should be treated with some of the understanding we give to our patients. An analyst who continually ridiculed the idols, aspirations and valued objects of a patient and pointed out almost nothing but his aggression, would not only forfeit his confidence, but would also lose the chance to develop the patient's understanding of his own capacity for love and self-sacrifice, of his own guilt and aggression. An analyst of the community also must appeal to the good intentions operating in the community if he is going to develop its constructive and reparative impulses : a mere injunction to love intensely is both futile and depressing. Our main contribution to sociology is knowledge of the antecedents of the love impulse and of its relation to destructive impulses in phantasy and in behaviour. This should be given to the public, since we believe that it is only by the deepening of understanding that progress in the full use and control of instinct can be achieved ; only thus will man reduce the dangers of being human.

John Rickman.

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Striden om Freud. By Pehr Henrik Törngren. (Albert Bonnier's Förlag, Stockholm, 1936. Pp. xxvii + 405 + 32. Price Kr. 8.50.)

This book is a refutation of Freud's critics. The author quotes from the analytical literature, or himself gives comprehensive answers to a well-nigh exhaustive list of the objections which at one time or another have been brought against psycho-analysis or various aspects of it. The proposition that these often owe more to the critics' resistances than to any objective valuation of the truth is illustrated by a choice selection of examples from the literature. It is quite evident that the author is an authority on the curious antics of these learned gentlemen. The book maintains a high level of excellence throughout, and if it does not succeed in silencing the Jastrows and Morsellis of Scandinavia, we can be sure that nothing will.

H. Mayor.

Psychoanalysis Explained. By Dorothy R. Blitzsten. (Coward McCann, Inc., New York. Pp. 56. Price $1.00.)

This worth-while little book can be quickly read from cover to cover. Its author is not a psycho-analyst, but the authenticity of the book is sustained by A. A. Brill's introduction. In a colloquial style the author discusses such practical questions as are revealed by the chapter heads: 'Why be analysed?' 'How psycho-analysis works.' 'How it is done.' 'Who is the analyst?' Naturally so short a book has to omit much of importance. But it answers many questions which arise in the mind of anyone who is considering psycho-analysis; and it will save hours of explaining on the part of a physician who is advising a patient to be analysed. It may even be of service to those physicians who still regard Freud's discipline as a mysterious and occult cult.

R. Ottenberg.

*

An Enquiry into Prognosis in the Neuroses. By T. A. Ross. (Cambridge University Press, London, 1936. Pp. ix + 194. Price 10*s.* 6*d.*)

The title of this book has been ill-chosen. It would have been better to have called it what it really is, viz.: A Report of the Treatment of Cases at the Cassel Hospital. If the book is read from this latter point of view, the author has carried out his task in a satisfactory manner, though a considerable condensation of the tables of statistics, which comprise nearly half the book, would have been valuable to the reader. On the other hand, reports of cases, methods of treatment and their results do not constitute 'An Enquiry' into the art of foretelling the future course and termination of the neuroses.

D. B.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

EDWARD GLOVER, GENERAL SECRETARY

I. Clinical Prize Essay

The prize offered by the British Psycho-Analytical Society for an essay on a clinical subject was divided between Dr. Georg Gerö, Copenhagen, and Miss Nina Searl, London, March 1936. Manuscripts for the next prize should reach Dr. Sylvia Payne, 143 Harley Street, London, by March 1, 1937.

II. Change of Address and New Memberships

In the past it has been customary for the Journal to publish complete membership lists of the International Association in alternate years, and for the *Zeitschrift* to do so more frequently. Changes of address and new memberships were usually notified in the Society reports. In future both the Journal and *Zeitschrift* will publish a complete membership list every other year (the next occasion for this being October 1937) and merely changes of address with new memberships in alternate years.

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VOL. XVII JANUARY, 1936 PART I

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

DIRECTED BY
SIGM. FREUD

OFFICIAL ORGAN OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ERNEST JONES
PRESIDENT OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

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PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS
BY
BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA STREET, COVENT GARDEN,
LONDON, W.C. 2

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INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

is issued quarterly. Besides Original Papers, Abstracts and Reviews, it contains the Bulletin of the International Psycho-Analytical Association, of which it is the Official Organ.

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Printed in Great Britain by
The Whitefriars Press Ltd.,
London and Tonbridge.